

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023065

FILED
May 20, 2005
Secretary of State

Entity Name: SCHAEFER & FARTHING ENTERPRISES, LLC

Current Principal Place of Business:

1191 E. NEWPORT CENTER DRIVE
PH-D
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

1191 E. NEWPORT CENTER DRIVE
PH-D
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 56-2291959 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FARTHING, CHARLES C IV
1191 E. NEWPORT CENTER DRIVE
PH-D
DEERFIELD BEACH, FL 33442 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FARTHING, CHARLES C IV
Address: 1191 E. NEWPORT CENTER DRIVE, PH-D
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: MGRM (X) Delete
Name: SCHAEFER, THOMAS G
Address: 10256 S.W. 20TH STREET
City-St-Zip: DAVIE, FL 33325 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHARLES C FARTHING

MGRM

05/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date