2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006
Secretary of State

DOCUMENT# L02000023065

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:

817 EAST HILLSBORO BLVD
2ND FLOOR
DEERFIELD BEACH, FL 33441 US

Current Mailing Address:

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

New Mailing Address:

817 EAST HILLSBORO BLVD
2ND FLOOR
DEERFIELD BEACH, FL 33441 US

FEI Number: 56-2291959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FARTHING, CHARLES C IV
817 EAST HILLSBORO BLVD
2ND FLOOR
DEERFIELD BEACH, FL 33441 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: 02/15/2006

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FARTHING, CHARLES C IV
Address: 817 EAST HILLSBORO BLVD, 2ND FLOOR
City-St-Zip: DEERFIELD BEACH, FL 33441 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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, IV MGRM 02/15/2006

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