

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000049303</b>	
1. Entity Name PHILIP H. SHAFFER, LLC	
Principal Place of Business 2243 VALENCIA DRIVE SARASOTA, FL 34239	Mailing Address 2243 VALENCIA DRIVE SARASOTA, FL 34239



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY -1 AM 9:15

**DO NOT WRITE IN THIS SPACE**



04082006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 57-1202583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

SHAFFER, PHILIP H  
2243 VALENCIA DRIVE  
SARASOTA, FL 34239

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAFFER, PHILIP H 2243 VALENCIA DRIVE SARASOTA, FL 34239
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05/08/06--01016--021 \*\*5.00

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**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*Philip H. Shaffer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/10/06 9417804833

Date

Daytime Phone #