


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000050727 1. Entity Name SCHIFFNER & KOWAL, LLC	
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Principal Place of Business 6126 N.W. 120TH TERR. CORAL SPRINGS, FL 33076	Mailing Address 6126 N.W. 120TH TERR. CORAL SPRINGS, FL 33076
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DO NOT WRITE IN THIS SPACE



04012007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 30-0234385	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KOWAL, PETER 6126 N.W. 120TH TERR. CORAL SPRINGS, FL 33076

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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  (PETER KOWAL) 04/10/07
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHIFFNER ENTERPRISES, INC. 6126 N.W. 120TH TERR. CORAL GABLES, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOWAL, INC. 6126 N.W. 120TH TERR. CORAL GABLES, FL 33076
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04/26/07-80038-008 55.00

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IN THIS SPACE**

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:  04/10/07 (954) 344-2576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #