


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000086165 1. Entity Name SHAFER PROPERTIES L.L.C.	
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Principal Place of Business 3256 BONNETT POND ROAD CHIPLEY, FL 32428	Mailing Address P.O. BOX 203 WAUSAU, FL 32463
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DO NOT WRITE IN THIS SPACE



01122007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3371186	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAFER, JOANNE A
3256 BONNETT POND RD.
CHIPLEY, FL 32428

**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 Joanne A. Shafer Joanne A. Shafer 4/9/7
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 SHAFER, JOANNE A 3256 BONNETT POND ROAD CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAFER, STEVEN A 3256 BONNETT POND ROAD CHIPLEY, FL 32428
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04/18/07-80063-025 50.00

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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: Joanne A. Shafer Joanne A. Shafer 4/9/7 850-258-9857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Deformed Phone #