


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2007 8:00 am
Secretary of State

07-03-2007 90033 001 ****55.00

DOCUMENT # L06000069863					
1. Entity Name MARTIN L SCHAFFER LLC					
Principal Place of Business 14670 SW 20 AVE RD OCALA, FL 34473			Mailing Address 14670 SW 20 AVE RD OCALA, FL 34473		
2. Principal Place of Business - No P.O. Box # 14670 SW 20 AVE RD <small>Suite, Apt. #, etc.</small>		3. Mailing Address 14670 SW 20 AVE RD <small>Suite, Apt. #, etc.</small>			
City & State OCALA FL		City & State OCALA FL		4. FEI Number 20-5194111	
Zip 34473		Country MARION		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHAFFER, MARTIN L 14670 SW 20 AVE RD OCALA, FL 34473			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHAFFER, MARTIN L 14670 SW 20 AVE RD OCALA, FL 34473 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Martin L Schaffer</i>			4-30-07		(352) 347-0781
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>