

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009892

Entity Name: SCHAIN HOLDINGS, LLC

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

2699 STIRLING ROAD  
B-206  
FORT LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

2699 STIRLING ROAD  
B-206  
FORT LAUDERDALE, FL 33312 US

**New Mailing Address:**

FEI Number: 26-1858154      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SCHAIN, RONALD  
2699 STIRLING ROAD  
B-206  
FORT LAUDERDALE, FL 33312 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHAIN, RONALD  
Address: 2699 STIRLING ROAD, B-206  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: MGRM ( ) Delete  
Name: SCHAIN, MARC  
Address: 70 NORTH PUTT CORNERS ROAD  
City-St-Zip: NEW PALTZ, NY 12561 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RONALD D. SCHAIN

MGRM

05/01/2009

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