FILE NOW: Fee after May 1, will be $588.75

APPROVED AND FILED

97 MAY -1 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE	Annual Report $100.00 + $103.75 Corporation Supplemental Fee
$ 203.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT #L96000000462

1. Name and Mailing Address of Limited Liability Company

SCHAEFFER DESIGN HOUSE LIMITED COMPANY
C/O AD MILLER REAL ESTATE
305 FIFTH AVENUE, SOUTH
NAPLES FL 33940

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

C/O AD MILLER REAL ESTATE
305 FIFTH AVENUE, SOUTH
NAPLES FL 33940

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified	3a. State of Formation
04/22/1996	FL

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
SPRING, LARRY 305 FIFTH AVENUE, SOUTH NAPLES FL 33940	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 700002173517--3 -05/09/97--01113--002 City ****203.75 Zip Code FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	SCHAEFFER, MATTHIAS	BUCHENSTRASSE 18	74613 OEHRINGEN, GERM
MEM	SCHAEFFER, HADRIAN	BUCHENSTRASSE 18	74613 OEHRINGEN, GERM
MEM	SCHAEFFER, CECIL	BUCHENSTRASSE 18	74613 OEHRINGEN, GERM
MEM	SCHAEFFER, ALEXANDRA	BUCHENSTRASSE 18	74613 OEHRINGEN, GERM

A. Allyn 5/1/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

X **SIGNATURE:** M. Schaeffer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R(12-96)