
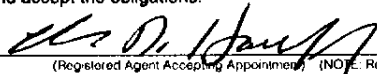
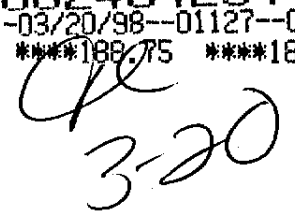
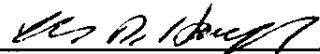


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L97000001304			
STAUFFACHER FAMILY LLC 340 ROYAL POINCIANA PLAZA PALM BEACH FL 33480		1a. Principal Place of Business Address  340 ROYAL POINCIANA PLAZA PALM BEACH FL 33480			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/21/1997	
City & State		City & State		3a. State of Formation FL	
Zip		Zip		4. FEI Number	
Country		Country		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
LYNCH, FRANCIS X.J. 340 ROYAL POINCIANA PLAZA PALM BEACH FL 33480		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
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 3-9-98			
(Registered Agent Accepting Appointment)		(NOT: Registered Agent signature required when reinstalling)			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	STAUFFACHER, CHARLES D	2 SQUIRE ROAD		ROXBURY CT 06783	
MGRM	GILLIES, LILLIAN S	15 E. VIEW LANE		OLD BROOKVILLE NY 11545	
				400002464294--0 -03/20/98--01127--003 ***188.75 ***188.75 	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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.

SIGNATURE:



3-9-98

860-224-2511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #