

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L97000001304

1. Entity Name

STAUFFACHER FAMILY LLC



Principal Place of Business

**340 ROYAL POINCIANA PLAZA, STE. 340
PALM BEACH, FL 33480**

Mailing Address

**P.O. BOX 109
PALM BEACH, FL 33480**



01112006No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2455614

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHELTON, JOHN W
340 ROYAL POINCIANA PLAZA
SUITE 340
PALM BEACH, FL 33480-0109**

**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

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, 2006**

U000000456437
03/16/06-80029-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
STAUFFACHER, CHARLES D
75 ROCKY MOUNTAIN ROAD
ROXBURY, CT 06783**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MEM
GILLIES, LILLIAN S
15 E. VIEW LANE
OLD BROOKVILLE, NY 11545**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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:

Charles D. Stauffacher

2/25/06 860-274-2511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #