2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L97000001304

1. Entity Name
STAUFFACHER FAMILY LLC

Principal Place of Business	Mailing Address
340 ROYAL POINCIANA PLAZA, STE. 340 PALM BEACH, FL 33480	P.O. BOX 109 PALM BEACH, FL 33480

01122007 No Chg-LLC CR2E083 (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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

000000620870
02/09/07-80059-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STAUFFACHER, CHARLES D
STREET ADDRESS	75 ROCKY MOUNTAIN ROAD
CITY-ST-ZIP	ROXBURY, CT 06783
TITLE	MEM
NAME	GILLIES, LILLIAN S
STREET ADDRESS	15 E. VIEW LANE
CITY-ST-ZIP	OLD BROOKVILLE, NY 11545
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1-31-07 860-354-1274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #