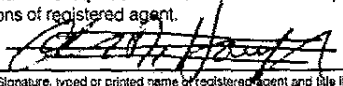
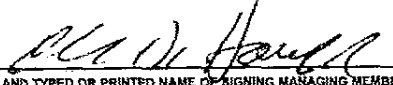


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L97000001304 1. Entity Name STAUFFACHER FAMILY LLC		
Principal Place of Business 340 ROYAL POINCIANA PLAZA, STE. 340 PALM BEACH, FL 33480	Mailing Address P.O. BOX 109 PALM BEACH, FL 33480	
DO NOT WRITE IN THIS SPACE		
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, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR STAUFFACHER, CHARLES D 75 ROCKY MOUNTAIN ROAD ROXBURY, CT 06783	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM GILLIES, LILLIAN S 15 E. VIEW LANE 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		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date 1-31-07 Daytime Phone # 860-354-1274		



01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 58-2455614	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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02/09/07-80059-004 50.00