

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000001304

Entity Name: STAUFFACHER FAMILY LLC

FILED  
Apr 24, 2009  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 109  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 58-2455614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHELTON, JOHN W  
340 ROYAL POINCIANA PLAZA  
SUITE 340  
PALM BEACH, FL 334800109 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STAUFFACHER, CHARLES D  
Address: 75 ROCKY MOUNTAIN ROAD  
City-St-Zip: ROXBURY, CT 06783

Title: MEM ( ) Delete  
Name: GILLIES, LILLIAN S  
Address: 15 E. VIEW LANE  
City-St-Zip: OLD BROOKVILLE, NY 11545

**ADDITIONS/CHANGES:**

Title: MR. (X) Change ( ) Addition  
Name: STAUFFACHER, CHARLES D  
Address: 75 ROCKY MOUNTAIN ROAD  
City-St-Zip: ROXBURY, CT 06783

Title: MRS. (X) Change ( ) Addition  
Name: GILLIES, LILLIAN S  
Address: 23 FOX RIDGE LANE  
City-St-Zip: LOCUST VALLEY, NY 11560

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MG RM

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date