
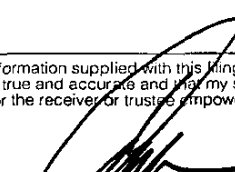


FILED
Mar 02, 2005 8:00 am
Secretary of State

20017165

DOCUMENT # L98000002165				03-02-2005 90018 004 ****50.00	
1. Entity Name SCHAEFER & FAGAN COMPANY, LLC					
Principal Place of Business 4152 W. BLUE HERON BLVD., SUITE 128 RIVIERA BEACH, FL 33404-4859		Mailing Address 4152 W. BLUE HERON BLVD., SUITE 128 RIVIERA BEACH, FL 33404-4859			
2. Principal Place of Business 631 US Highway 1		3. Mailing Address 631 US Highway 1		20017165	
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400		01202005 Chg-LLC CR2E083 (10/03)	
City & State North Palm Beach, FL		City & State North Palm Beach, FL		4. FEI Number 65-0906580	
Zip 33408		Zip 33408		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent O'CONNELL, PHIL D JR. 515 NORTH FLAGLER DRIVE, 19TH FLOOR WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FAGAN, GREGORY J 4152 W. BLUE HERON BLVD., SUITE 128 RIVIERA BEACH, FL 334044859	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			2/25/05 561-848-7223		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		