


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90208 034 \*\*\*\*50.00

<b>DOCUMENT # L98000002165</b>	
1. Entity Name <b>SCHAEFER &amp; FAGAN COMPANY, LLC</b>	

Principal Place of Business <b>631 UNITED STATES HIGHWAY ONE SUITE 400 NORTH PALM BEACH, FL 33408 US</b>	Mailing Address <b>631 UNITED STATES HIGHWAY ONE SUITE 400 NORTH PALM BEACH, FL 33408 US</b>
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2. Principal Place of Business <b>631 US Highway 1</b> Suite, Apt. #, etc. <b>Suite 305</b> City & State <b>North Palm Beach, FL</b> Zip <b>33408</b>	3. Mailing Address <b>631 US Highway 1</b> Suite, Apt. #, etc. <b>Suite 305</b> City & State <b>North Palm Beach, FL</b> Zip <b>33408</b>
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02062006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent <b>O'CONNELL, PHIL D JR. 515 NORTH FLAGLER DRIVE, 19TH FLOOR WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name <b>Gregory J. Fagan</b> Street Address (P.O. Box Number is Not Acceptable) <b>631 US Highway 1</b> Suite 305 City <b>North Palm Beach</b> <b>FL</b> Zip Code <b>33408</b>	
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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.

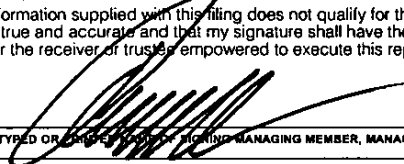
SIGNATURE:  DATE: **3/31/06**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FAGAN, GREGORY J 631 UNITED STATES HIGHWAY ONE SUITE 400 NORTH PALM BEACH, FL 33408</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr Gregory J. Fagan 631 US Highway 1, Ste 305 North Palm Beach, FL 33408</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: **3/31/06** Daytime Phone #