2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

DOCUMENT # L9800002165 1. Entity Name SCHAEFER & FAGAN COMPANY, LLC								04-07-2	2006 9	0208 03	4 ****5	0.00
Principal Place of Business 631 UNITED STATES HIGHWAY ONE SUITE 400 NORTH PALM BEACH, FL 33408 US			Mailing Address 631 United States Highway One Suite 400 North Palm Beach, Fl. 33408 US									
Principal Place of Business 631 US Highway 1			3. Mailing Address 631 US Highway 1									
Suite, Apt. #, etc. Suite 305 City & State			Suite, Apt. #, etc. Suite 305 City & State				02062006 4. FEI Numb		;	CR2E08	<u> </u>	plied For
North	Palm B	each, FL	North Palm Beach, FL				65-090				No	t Applicable
Zip 33408_		Country	Zip 33408	Coun	itry		5. Certificat	e of Status Des	sired		5.00 Add se Require	
	6. Name	and Address of Current F	Registered Agent	7. Name and Address of New Registered Agent Name								
	H FLAGL	O JR. ER DRIVE, 19TH FLO H, FL 33401	OOR		Street Ac 631	ddress (F US		an berjis Not Acce	eptable)			
			7	Suite 305 City North Palm Beach FL					Zip-Cod	92		
9. The above parried online submits this standard for the oursees of changing its registers						th P	alm Bea	oth in the State	a of Floric	FL ta Lam fa	Zijo346 miliar with	_
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 prijeted in the state of th												
Fi D	iling Fee ue by Ma	ls \$50.00 y 1, 2006					-	F		check pay Departmen	<i>.</i> "	B
9.	MGR	MANAGING MEMBER		10.		Mgr	*	ADDIT	IONS/CI	HANGES	Change	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	FAGAN, 0 631 UNIT	GREGORY J ED STATES HIGHWAY PALM BEACH, FL 33408		E EET ADDRESS '-ST-ZIP	Gre 631	gory J. US Hig	. Fagan ghway l, m Beach,		305		☐ Addition	
TITLE NAME			☐ Delete	TITL							Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS -St-zip	_						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate		- I						Change	Addition
TITLE NAME			☐ Delete	TITL	E					ı	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLI NAM STRE	E					(Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Change	☐ Addition
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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.												

ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE