
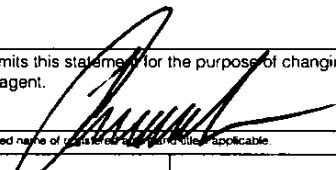
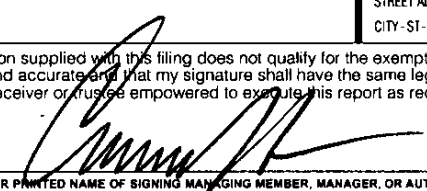


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90134 030 ****50.00

DOCUMENT # L98000002165 1. Entity Name SCHAEFER & FAGAN COMPANY, LLC					
Principal Place of Business 631 UNITED STATES HIGHWAY ONE SUITE 305 NORTH PALM BEACH, FL 33408 US			Mailing Address 631 UNITED STATES HIGHWAY ONE SUITE 305 NORTH PALM BEACH, FL 33408 US		
2. Principal Place of Business - No P.O. Box # 631 US Highway 1		3. Mailing Address 631 US Highway 1			
Suite, Apt. #, etc. Suite 305		Suite, Apt. #, etc. Suite 305			
City & State North Palm Beach, FL		City & State North Palm Beach, FL			
Zip 33408	Country	Zip 33408	Country	4. FEI Number 65-0906580	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FAGAN, GREGORY J 631 US HWY A STE 305 NORTH PALM BEACH, FL 33408				7. Name and Address of New Registered Agent Name Gregory J. Fagan Street Address (P.O. Box Number is Not Acceptable) US Highway 1 Suite 305 City North Palm Beach FL Zip Code 33408	
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  <small>Signature, typed or printed name of registered agent, if not applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 3/15/07	
Filing Fee is \$50.00 Due by May 1, 2007		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 631 US HWY. 1, STE. 305 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 3/15/07	
Daytime Phone #					