


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L98000002165 1. Entity Name SCHAEFER & FAGAN COMPANY, LLC	
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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
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DO NOT WRITE IN THIS SPACE



03122008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0906580	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**FAGAN, GREGORY J
631 US HWY 1
STE 305
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAGAN, GREGORY J 631 US HWY. 1, STE. 305 NORTH PALM BEACH, FL 33408
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05/27/08-80095-010 138.75

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/08
Date

Daytime Phone #