

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000000725**

1. Entity Name  
**SCHAFFER & ASSOCIATES INTERNATIONAL, L.L.C.**



Principal Place of Business  
**1020 FLORIDA STREET  
BATON ROUGE, LA 70802**

Mailing Address  
**1020 FLORIDA STREET  
BATON ROUGE, LA 70802**



07182006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**72-1460490**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**VILLAGELIU, A E  
9990 N.W. 9TH STREET CIRCLE UNIT 101  
MIAMI, FL 33172**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

U000000572679  
07/28/06-80009-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HAROLD, BIRKETT  
12422 N OAK HILL PKWY  
BATON ROUGE, LA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CONTINI, GERALYN G  
12221 SCHLAYER AVE.  
BATON ROUGE, LA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MILLER, ROBERT D  
5434 HICKORY RIDGE BLVD  
BATON ROUGE, LA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MITCH, MARLAN J  
10449 BRONZE BUSH AVE.  
BATON ROUGE, LA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
NEDELCOVYCH, MIMA S  
2208 MILBURN LANE  
RESTON, VA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SCHAFFER, FRANCIS C  
4174 DOWNING DRIVE  
BATON ROUGE, LA**

**DO NOT WRITE  
IN THIS SPACE**

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:** *MSchaffer*

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

*21 July 06*

Date

*225-343-9262*

Daytime Phone #