

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000725

FILED  
Jul 05, 2007  
Secretary of State

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

**Current Principal Place of Business:**

1020 FLORIDA STREET  
BATON ROUGE, LA 70802

**New Principal Place of Business:**

**Current Mailing Address:**

1020 FLORIDA STREET  
BATON ROUGE, LA 70802

**New Mailing Address:**

**FEI Number:** 72-1460490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

JANSEN, ARNO R  
P. O. BOX 3301  
CLEWISTON, FL 33440 US

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.

SIGNATURE: ARNO R. JANSEN

07/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HAROLD, BIRKETT  
Address: 12422 N OAK HILL PKWY  
City-St-Zip: BATON ROUGE, LA

Title: MGRM ( ) Delete  
Name: CONTINI, GERALYN G  
Address: 12221 SCHLAYER AVE.  
City-St-Zip: BATON ROUGE, LA

Title: MGRM ( ) Delete  
Name: MILLER, ROBERT D  
Address: 5434 HICKORY RIDGE BLVD  
City-St-Zip: BATON ROUGE, LA

Title: MGRM ( ) Delete  
Name: MITCH, MARLAN J  
Address: 10449 BRONZE BUSH AVE.  
City-St-Zip: BATON ROUGE, LA

Title: MGRM ( ) Delete  
Name: NEDELCOVYCH, MIMA S  
Address: 2208 MILBURN LANE  
City-St-Zip: RESTON, VA

Title: MGRM ( ) Delete  
Name: SCHAFFER, FRANCIS C  
Address: 4174 DOWNING DRIVE  
City-St-Zip: BATON ROUGE, LA

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GERALYN G. CONTINI

MGRM

07/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date