2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
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

DO NOT WRITE IN THIS SPACE

01162008 No Chg-LLC CR2E083 (12/07)

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

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

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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

U000000896214
04/24/08-80098-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HAROLD, BIRKETT
STREET ADDRESS	12422 N OAK HILL PKWY
CITY-ST-ZIP	BATON ROUGE, LA
TITLE	MGRM
NAME	CONTINI, GERALYN G
STREET ADDRESS	12221 SCHLAYER AVE.
CITY-ST-ZIP	BATON ROUGE, LA
TITLE	MGRM
NAME	MILLER, ROBERT D
STREET ADDRESS	5434 HICKORY RIDGE BLVD
CITY-ST-ZIP	BATON ROUGE, LA
TITLE	MGRM
NAME	MITCH, MARLAN J
STREET ADDRESS	10449 BRONZE BUSH AVE.
CITY-ST-ZIP	BATON ROUGE, LA
TITLE	MGRM
NAME	NEDELCOVYCH, MIMA S
STREET ADDRESS	2208 MILBURN LANE
CITY-ST-ZIP	RESTON, VA
TITLE	MGRM
NAME	SCHAFFER, FRANCIS C
STREET ADDRESS	4174 DOWNING DRIVE
CITY-ST-ZIP	BATON ROUGE, LA

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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: GContini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #