

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M02000003254**

1. Entity Name  
**SCHAFFLER HOLDINGS, LLC**



Principal Place of Business  
**5170 SANDERLIN AVENUE, SUITE 201  
MEMPHIS, TN 38117**

Mailing Address  
**5170 SANDERLIN AVENUE, SUITE 201  
MEMPHIS, TN 38117**



01072004 No Chg-LLC - CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**62-1824444**

Applied For  
Not Applicable

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

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

**GRIMSLEY, JAMES W  
25 WALTER MARTIN ROAD N.E., SUITE 101  
FT. WALTON BEACH, FL 32549**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
SCHAFFLER, THOMAS F  
5170 SANDERLIN AVENUE, SUITE 201  
MEMPHIS, TN 38117**

TITLE  
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CITY - ST - ZIP

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01/20/04-80077-010 50.00

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**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Thomas F. Schaffler 1-14-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #