


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000003254</b> 1. Entity Name <b>SCHAFFLER HOLDINGS, LLC</b>	
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<b>Principal Place of Business</b> 5170 SANDERLIN AVENUE, SUITE 201 MEMPHIS, TN 38117	<b>Mailing Address</b> 5170 SANDERLIN AVENUE, SUITE 201 MEMPHIS, TN 38117
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01052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>62-1824444</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  GRIMSLEY, JAMES W 25 WALTER MARTIN ROAD N.E., SUITE 101 FT. WALTON BEACH, FL 32549
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**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

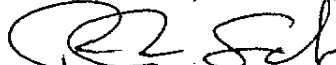
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHAFFLER, THOMAS F 5170 SANDERLIN AVENUE, SUITE 201 MEMPHIS, TN 38117
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02/01/05-80028-008 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)(i), 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 606, Florida Statutes.

**SIGNATURE:**  **Thomas F. Schaffler**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **Mem 1-27-05 901-763-0160**  
Date Daytime Phone #