



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90033 047 \*\*\*\*50.00

<b>DOCUMENT # M02000003254</b> 1. Entity Name <b>SCHAFFLER HOLDINGS, LLC</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</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		01182007    Chg-LLC    CR2E083 (12/06)	
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	
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</b>			7. Name and Address of New Registered Agent Name <b>Dorothy Mallett</b> Street Address (P.O. Box Number is Not Acceptable) <b>48 Forest Hills Lane</b> City <b>Destin</b> <b>FL</b> Zip Code <b>32550</b>		
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 <u><i>Dorothy Mallett</i></u> 1-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM SCHAFFLER, THOMAS F 5170 SANDERLIN AVENUE, SUITE 201 MEMPHIS, TN 38117</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>RS Schaff</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 1-26-07		Daytime Phone # 901-763-0160 + 2