

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000005475

Entity Name: SHAFFER & GAIER, LLC

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

ONE PENN CENTER  
SUITE 946, 1617 JFK BLVD  
PHILADELPIA, PA 19103

**New Principal Place of Business:**

**Current Mailing Address:**

ONE PENN CENTER  
SUITE 946, 1617 JFK BLVD  
PHILADELPIA, PA 19103

**New Mailing Address:**

FEI Number: 77-0608981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHIELDS, ELIZABETH  
5550 GLADES ROAD  
BOCA RATON, FL 33431 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHAFFER, MICHAEL  
Address: 1617 JFK BLVD, SUITE 946  
City-St-Zip: PHILADELPHIA, PA 19103

Title: MGRM  
Name: GAIER, MICHAEL  
Address: 1617 JFK BLVD, SUITE 946  
City-St-Zip: PHILADELPHIA, PA 19103

I hereby 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: MICHAEL GAIER

MGRM

02/14/2011

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