2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000083937

1. Entity Name SCHAR HOLDINGS, LLC



Principal Place of Business

SIGNATURE:

C/O CALER, DONTEN 505 SOUTH FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401 Mailing Address

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

C/O CALER, DONTEN 505 SOUTH FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401

FILED Feb 01, 2008 8:00 am Secretary of State

02-01-2008 90046 002 ***138.75



01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-5664675		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

Name and Address of Current Registered Agent

KOCHMAN, RONALD S ESQ. KOCHMAN & ZISKA PLC 222 LAKEVIEW AVENUE, SUITE 950 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changions of registered agent.	ging its registered office or registered agent, or both, in the State of Flori	da. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of ingustered agent and title if applicable.	(NOTE: Registered Agant signature required when roinstating)	DATE
FILE After May	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		· · ·
TITLE	MGRM		
NAME	SCHAR, DWIGHT C		
STREET ADDRESS	C/O CALER, DONTEN 505 S FLAGLER DR. 9TH FL		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME		i	
STREET ADDRESS		I DO NOT W	RITE
CITY-ST-ZIP			
TITLE		I IN THIS SP	ACE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
THILE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. I hereby indicated limited lia	certify that the information supplied with this filling does not of from this report is true and accurate and that my signature shability company or the receiver or trusted empowered to exec	qualify for the exemptions contained in Chapter 119, Florida Statutes, I hall have the same legal effect as if made under oath; that I am a man bute this report as required by Chapter 608, Florida Statutes.	turther certify that the information aging member or manager of the