


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90591 013 ****55.00

DOCUMENT # L00000004297 1. Entity Name SCHERER INVESTMENTS, LLC					
Principal Place of Business 13575 58TH STREET N SUITE 186 CLEARWATER, FL 33760			Mailing Address 13575 58TH STREET N SUITE 186 CLEARWATER, FL 33760		
2. Principal Place of Business 107 Hampton Road Suite, Apt. #, etc. Suite 190 City & State Clearwater, FL Zip 33759 Country USA		3. Mailing Address 107 Hampton Road Suite, Apt. #, etc. Suite 190 City & State Clearwater, FL Zip 33759 Country USA			
4. FEI Number 59-3639899				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02232005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent SCHERER, JOHN C 13575 58TH STREET N 186 CLEARWATER, FL 33760			7. Name and Address of New Registered Agent Name Street Address, (P.O. Box Number is Not Acceptable) 107 Hampton Road Suite 190 City Clearwater FL Zip Code 33759		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHERER, J. CHRIS 13575 58TH STREET N #186 CLEARWATER, FL 33760	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Scherer, J. Chris 107 Hampton Road, Suite 190 Clearwater, FL 33759	<input checked="" 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
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 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 608, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	