

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008584

FILED
Apr 28, 2004
Secretary of State

Entity Name: SCHERER CONSTRUCTION & ENGINEERING OF ATLANTA, LLC.

Current Principal Place of Business:

5115 OLD ELLIS POINTE
ROSWELL, GA 30076

New Principal Place of Business:

Current Mailing Address:

2152 14TH CIRCLE NORTH
ST. PETERSBURG, FL 33734

New Mailing Address:

FEI Number: 59-3659313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLCOMB, VICTOR W ESQUIRE
106 SOUTH TAMPANIA AVENUE, SUITE 200
TAMPA, FL 33609 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/MEMBERS:

Title: MGRM () Delete
Name: SCHERER HOLDINGS, LL, C
Address: 2152 14TH CIRCLE NORTH
City-St-Zip: ST PETERSBURG, FL 33713

Title: MGR () Delete
Name: THACKER, RICHARD
Address: 5115 OLD ELLIS POINTE
City-St-Zip: ROSWELL, GA 30076

Title: MGRM () Delete
Name: AGUIRRE, FRED C
Address: 5115 OLD ELLIS POINTE
City-St-Zip: ROSWELL, GA 30076

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SCHERER HOLDINGS

MGR

04/28/2004

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