


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90273 036 \*\*\*\*50.00

<b>DOCUMENT # L01000000710</b>	
1. Entity Name <b>SCHERES HOLDINGS, L.L.C.</b>	

Principal Place of Business <b>1640 PERIWINKLE WAY, SUITE V SANIBEL ISLAND, FL 33957</b>	Mailing Address <b>1640 PERIWINKLE WAY, SUITE V SANIBEL ISLAND, FL 33957</b>
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**24036840**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04052004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>32-0025349</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BRODEUR, RICHARD JOHN 1640 PERIWINKLE WAY, SUITE V SANIBEL ISLAND, FL 33957</b>		Name <i>Judy K. Brodeur</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>1640 Periwinkle Way</i>	
		Suite <i>Suite V</i>	
		City <i>Sanibel Island</i> <b>FL</b> Zip Code <i>33957</i>	

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 <i>Richard J. Brodeur</i>	<i>Judy K. Brodeur</i>	<i>4/5/04</i>	DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SCHERES, ANDRE 1640 PERIWINKLE WAY, SUITE V SANIBEL ISLAND, FL 33957</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
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: <i>Judy K. Brodeur</i>	<i>Judy K. Brodeur</i>	<i>4/5/04</i>	<i>239 472-1734</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>ADMINISTRATOR</b>			