

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 06, 2005  
Secretary of State**

DOCUMENT# L04000005487

Entity Name: DOUGLAS W. SCHERER LLC

**Current Principal Place of Business:**

1520 JD MILLER RD.  
SANTA ROSA BCH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

1520 JD MILLER RD.  
SANTA ROSA BCH, FL 32459

**New Mailing Address:**

FEI Number: 95-4303505      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SCHERER, DOUGLAS  
1520 JD MILLER RD.  
SANTA ROSA BCH, FL 32459      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: MGR      ( ) Delete  
Name: SCHERER, DOUGLAS W  
Address: 1520 JD MILLER RD.  
City-St-Zip: SANTA ROSA BCH., FL 32459

**ADDITIONS/CHANGES:**

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: DOUGLAS W. SCHERER      MGR      03/06/2005

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