
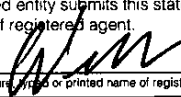
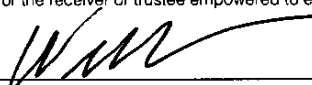


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90030 004 ****50.00

DOCUMENT # L04000037201			
1. Entity Name SCHERER CONSULTING, LLC			
Principal Place of Business 612 SE 5TH AVENUE FT. LAUDERDALE, FL 33301		Mailing Address 612 SE 5TH AVENUE FT. LAUDERDALE, FL 33301	
2. Principal Place of Business - No P.O. Box # 633 S. Federal Hwy Suite, Apt. #, etc. 8th Floor City & State Fort Lauderdale, FL Zip 33301 Country USA		3. Mailing Address PO Box 1182 Suite, Apt. #, etc. City & State Fort Lauderdale, FL Zip 33302 Country USA	
4. FEI Number 20-1139168		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01152007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CONRAD & SCHERER, LLP 633 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  MGR 1/26/07 Signature (typed or printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHERER, WILLIAM R 612 SE 5 AVE, STE # 6 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Scherer, William R 633 S Federal Hwy Fort Lauderdale, FL 33301 <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 exemptions contained in Chapter 119, 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:  William R Scherer		Date: 1/26/07 Daytime Phone #: 954-462-5500	