


**LLC FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

04-17-2006 90058 002 \*\*\*150.00  
L05000034473

|  |   |
|--|---|
| DOCUMENT #<br>1. Entity Name<br><i>Cherz Development, Inc</i><br><i>L05000034473</i> |  |
|--|---|

**DO NOT WRITE IN THIS SPACE**

|   |   |
|---|---|
| 2. Principal Place of Business<br>9505 South Lotus Point<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Same<br>Suite, Apt. #, etc. |
| City & State<br>Homosassa<br>Zip<br>34448<br>Country<br>Citrus                  | City & State<br>Florida<br>Zip<br>Country         |

DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 4. FEI Number   | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                                    |

|                                   |  |  |
|-----------------------------------|--|--|
| <b>DO NOT WRITE IN THIS SPACE</b> | 7. Name and Address of Current Registered Agent            |  |
|                                   | Name <i>Peter Giglia</i>                                   |  |
|                                   | Street Address (P.O. Box Number is Not Acceptable)         |  |
|                                   | 9505 South Lotus Point<br>City Homosassa FL Zip Code 34448 |  |

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 *Peter Giglia* April 11, 2006  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing) DATE

|  |   |
|--|---|
| January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Florida Department of State | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS                         |   |  |                                   |
|--|---|--|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | Manager<br>Peter Giglia<br>9505 So. Lotus Point-Homosassa, FL 34448 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>8/31/20</i>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter Giglia* April 11, 2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/02)