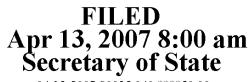
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # L06000018319  1. Entity Name SCHERER COASTAL CONSTRUCTION, LLC								04-13-2007 9	0035 04	.0 ****5(	).00
Principal Place of Business 2152 14TH CIRCLE NORTH ST. PETERSBURG, FL 33734			Mailing Address 2152 14TH CIRCLE NORTH ST. PETERSBURG, FL 33734				( Pallell Bl	-			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04052007	Chg-LLC	CR2E08	3 (12/06)	
City & State			City & State				4. FEI Numb	3/23326			plied For t Applicable
Zip	Zip Country		Zip	try	5. Certificate of Status Desired \$5.00 Additional Fee Required						
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
HOLCOMB, VICTOR W 201 N. ARMENIA AVENUE					Street A	ddress (f	P.O. Box Numb	er is Not Acceptable)			
TAMPA, FL 33609											
					City FL Zip Code					•	
	named entitions of regist		the purpose of changing its	registere	ed office o	r register	ed agent, or bo	oth, in the State of Flori	ida. I am fa	ımiliar with,	and accept
SIGNATURE .	Signature, typed	for printed name of registered agent a	nd title if applicable. (NOT	E: Registered	d Agent signa	tura required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007											1
									check pa Departme	yable to nt of State	•
	ue by Ma	y 1, 2007  MANAGING MEMBER		10.					Departme	-	•
Dı	MG R	MANAGING MEMBER  M  F A Crooksto	☐ Delete	TITLE NAME STREE		MER San 215 St	em ics A C 3-140 Peters	Florida ADDITIONS/C	<b>Departme</b> CHANGES	-	Addition
9. TITLE NAME STREET ADDRESS	MG R	y 1, 2007  MANAGING MEMBER	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE	et address - St-ZIP	MER San 215 St	em ies A C Z-141 Peters	Florida	<b>Departme</b> CHANGES	□ Change	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MG R	MANAGING MEMBER  M  F A Crooksto	□ Delete  n o. L 33 713	TITLE NAME STREI CITY- TITLE NAME STREI CITY- TITLE NAME STREI NAME STREI	E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP	MER Yan 215 St:	em ies A C Z-141 Peters	Florida ADDITIONS/C	Departme	Change	Addition
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