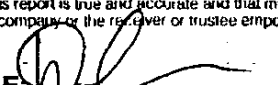


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/2

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-22-2007 90144 038 ****50.00

DOCUMENT # L06000083937					
1. Entity Name SCHAR HOLDINGS, LLC					
Principal Place of Business C/O CALER, DONTEN 505 SOUTH FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401			Mailing Address C/O CALER, DONTEN 505 SOUTH FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5664675 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				01102007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent KOCHMAN, RONALD S ESQ. KOCHMAN & ZISKA PLC 222 LAKEVIEW AVENUE, SUITE 950 WEST PALM BEACH, FL 33401			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 _____					
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	MGRM SCHAR, DWIGHT C ☐ Delete C/O CALER, DONTEN 505 S FLAGLER DR. 9TH FL WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ 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 			1/17/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					