2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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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	Mailing Address
C/O CALER, DONTEN 505 SOUTH FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401	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

01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5664675 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCHAR, DWIGHT C		NAME		
STREET ADDRESS	C/O CALER, DONTEN 505 S FLAGLER DR. 9TH FL		STREET ADDRESS		
CITY ST ZIP	WEST PALM BEACH, FL 33401		CITY ST ZIP		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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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: [signature] 1/17/07

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