


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 1998 DEC 25 AM 10:25													
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE															
1 Name and Mailing Address of Limited Liability Company SCHERER CONSTRUCTION, LLC 2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713		DOCUMENT # L98000003301 <i>AK-AP LM</i>		1a. Principal Place of Business Address 2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713													
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 12/21/1998 3a. State of Formation FL 4. FEI Number 59-3548413 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
7. Name and Address of Current Registered Agent HUMPHRIES, J. BOB 501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33713		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 800002796738 Suite, Apt. #, etc. 03/05/99-01118-000 ****188.75 ****188.75 City FL Zip Code															
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.																	
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is printed when necessary)</small>																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGR</td> <td>SCHERER, CLARK H III</td> <td>2152 14TH CIRCLE NORTH</td> <td>ST. PETERSBURG FL</td> </tr> <tr> <td>MGR</td> <td>MARTIN MILLER</td> <td>2152-14th Cir. No.</td> <td>St. Pete, FL</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGR	SCHERER, CLARK H III	2152 14TH CIRCLE NORTH	ST. PETERSBURG FL	MGR	MARTIN MILLER	2152-14th Cir. No.	St. Pete, FL
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11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.																	
SIGNATURE: <i>[Signature]</i> 1.15.99 727.321.8111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SUBSCRIBER/MANAGING MEMBER/RECEIVER</small>																	