2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L98000003477

Entity Name: SCHERER CONSTRUCTION OF MIDDLE GA, LLC

Current Principal Place of Business:

507 N DAVIS DRIVE
WARNER ROBINS, GA 31093

New Principal Place of Business:

507 N DAVIS DRIVE
SUITE 4
WARNER ROBINS, GA 31093

Current Mailing Address:

P.O. BOX 2026
WARNER ROBINS, GA 31099

New Mailing Address:

FEI Number: 59-3548414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOLCOMB, VICTOR W
201 N ARMENIA
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	HOWELL, RONALD K	
Address:	507 N DAVIS DRIVE	
City-St-Zip:	WARNER ROBINS, GA 31093	
Title:	MGRM	( ) Delete
Name:	SCHERER, CLARK H III	
Address:	507 N DAVIS DRIVE	
City-St-Zip:	WARNER ROBINS, GA 31093	
Title:	MGRM	( ) Delete
Name:	KEYS, STEPHEN P	
Address:	507 N DAVIS DRIVE	
City-St-Zip:	WARNER ROBINS, GA 31093	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN KEYS MGRM 01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date