
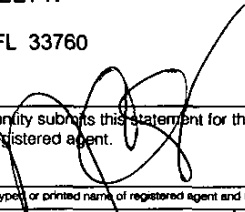
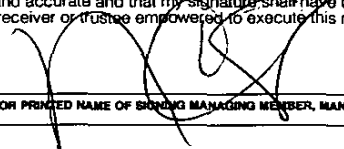


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90027 031 ****55.00

DOCUMENT # L99000005091 1. Entity Name SCHERER DEVELOPMENT, LLC			
Principal Place of Business 13575 58TH STREET N STE 186 CLEARWATER, FL 33760		Mailing Address 13575 58TH STREET N STE 186 CLEARWATER, FL 33760	
2. Principal Place of Business 107 Hampton Road Suite, Apt. #, etc. Suite 190 City & State Clearwater, FL Zip 33759		3. Mailing Address 107 Hampton Road Suite, Apt. #, etc. Suite 190 City & State Clearwater, FL Zip 33759	
Country USA		Country USA	
4. FEI Number 59-3592823		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHERER, JOHN C 13575 58TH STREET N STE 186 CLEARWATER, FL 33760		7. Name and Address of New Registered Agent Name Scherer, John C Street Address (P.O. Box Number is Not Acceptable) 107 Hampton Road Suite 190 City Clearwater	
State FL		Zip Code 33759	
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 		DATE 3/3/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME SCHERER, JOHN C STREET ADDRESS 13575 58TH STREET N #186 CITY-ST-ZIP CLEARWATER, FL 33760	<input type="checkbox"/> Delete	TITLE MGR NAME Scherer, John C. STREET ADDRESS 107 Hampton Road, Suite 190 CITY-ST-ZIP Clearwater, FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I 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 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: 		DATE: 3/3/05	