

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90188 024 ****55.00

DOCUMENT # L99000005091

1. Entity Name
SCHERER DEVELOPMENT, LLC



Principal Place of Business
**107 HAMPTON ROAD STE 190
CLEARWATER, FL 33759**

Mailing Address
**107 HAMPTON ROAD STE 190
~~STE 186~~
CLEARWATER, FL 33759**

20007357



2. Principal Place of Business

3. Mailing Address

107 Hampton Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 190

City & State

City & State

Clearwater, FL

Zip

Country

Zip

Country

33759

USA

01242006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

59-3592823

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHERER, JOHN C
107 HAMPTON ROAD STE 190
CLEARWATER, FL 33759**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SCHERER, JOHN C
107 HAMPTON ROAD STE 190
CLEARWATER, FL 33759** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP ☐ Delete

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

Date

Daytime Phone #

2/8/06