

2002 ANNUAL REPORT
L01000021545

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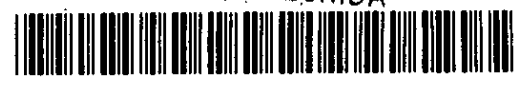
DOCUMENT # L01000021545

1. Entity Name
S.C. RECOVERY, LLC

FILED

02 OCT 29 AM 9:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1111 LINCOLN ROAD 4TH FLOOR
MIAMI BEACH FL 33139**

Mailing Address
**1111 LINCOLN ROAD 4TH FLOOR
MIAMI BEACH FL 33139**

2. Principal Place of Business
333 Sandy Springs Circle

3. Mailing Address
333 Sandy Springs Circle

Suite, Apt. #, etc.
Suite 230

Suite, Apt. #, etc.
Suite 230

City & State
Atlanta, GA

City & State
Atlanta, GA

Zip
30328

Country
USA

Zip
30328

Country
USA

4. FEI Number
74-3049200

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

**HOWARD, EUGENE J ESQ.
1111 LINCOLN ROAD 4TH FLOOR
MIAMI BEACH FL 33139**

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: This is not a signature required filing.)

REINSTATEMENT 2002

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HIGH CAPITAL FUNDING LLC
333 SANDY SPRINGS CIRCLE #230
ATLANTA GA 30328** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Frank E. Hart
333 Sandy Springs Circle
Suite 230
Atlanta, GA 30328** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
David E. Bumgardner, Sr.
13365 Doubletree Circle
Wellington, FL 33414** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Robert Charles Hill, III
c/o Robert Saylor, P.A.
1615 Forum Place, Suite 100
West Palm Beach, FL 33401** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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☐ Change ☐ 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: **David A. Rapaport, Pres.** October 24, 2002 (404) 257-9150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)