

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001394

**FILED**  
**Jan 08, 2007**  
**Secretary of State**

**Entity Name:** SECURITY CAPITAL OF FLORIDA, LLC

**Current Principal Place of Business:**

13524 ROSEWOOD LANE  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 110448  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 80-0028651

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

FEINSTEIN, ERIC  
13524 ROSEWOOD LANE  
NAPLES, FL 34119 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: VS ( ) Delete  
Name: FEINSTEIN, KATHY  
Address: 13524 ROSEWOOD LANE  
City-St-Zip: NAPLES, FL 34119

Title: PT ( ) Delete  
Name: FEINSTEIN, ERIC  
Address: 13524 ROSEWOOD LANE  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES:**

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 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: KATHY A. FEINSTEIN

VT

01/08/2007

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