


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 31, 2005 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # L02000011272 | |  |
| 1. Entity Name SCG CAPITAL PROFIT SHARING PLAN, L.L.C. | | |
| Principal Place of Business 3971 SOUTH TAMiami TRAIL SARASOTA, FL 34231 | Mailing Address 74 WEST PARK PLACE STAMFORD, CT 06901 | |
| DO NOT WRITE IN THIS SPACE | | |



01082005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
02-0604914

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

| |
|--|
| 6. Name and Address of Current Registered Agent JOHNSON, ROBERT M ESQ 27 SOUTH ORANGE AVENUE SARASOTA, FL 34236 |
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**DO NOT WRITE
IN THIS SPACE**

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, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JOHNSON, ROBERT M 27 SOUTH ORANGE AVENUE SARASOTA, FL 34236 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GOICHMAN, LARRY 74 WEST PARK PLACE STAMFORD, CT 06901 |
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IN THIS SPACE**

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05/31/05-80007-007 50.00

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: _____

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

Date

Daytime Phone #