

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001351

FILED
Mar 21, 2007
Secretary of State

Entity Name: SCEPTER CAPITAL, LLC

Current Principal Place of Business:

801 BRICKELL AVENUE
900
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

801 BRICKELL AVENUE
900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 22-3899702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLGUIN, FELIPE
881 OCEAN DRIVE, #12F
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

HOLGUIN, FELIPE
881 OCEAN DRIVE
#12F
KEY BISCAYNE, FL 33149 US

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: _____

03/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOLGUIN, FELIPE
Address: 881 OCEAN DRIVE, #12F
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR () Delete
Name: RODRIGUEZ, JESSE MICHAEL
Address: 881 OCEAN DRIVE, #12F
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR () Delete
Name: CHUNG, JOHN JAY
Address: 881 OCEAN DRIVE, #12F
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FELIPE HOLGUIN

MGR

03/21/2007

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