

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90089 021 ****55.00

DOCUMENT # L04000060296 1. Entity Name SCAD4, LLC.					
Principal Place of Business 7947 TIMBERLAKE DRIVE WEST MELBOURNE, FL 32904			Mailing Address 7947 TIMBERLAKE DRIVE WEST MELBOURNE, FL 32904		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <div style="text-align: right; font-weight: bold;">20-1557442</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<div style="text-align: right; font-weight: bold;">\$5.00</div> Additional Fee Required	
6. Name and Address of Current Registered Agent BLUNK, JOSEPH N 7947 TIMBERLAKE DRIVE WEST MELBOURNE, FL 32904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CADS, INC. 7947 TIMBERLAKE DRIVE WEST MELBOURNE, FL 32904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____		Joseph N. Blunk, Pres. CADS4, Inc.		July 5, 2005 321-728-3310	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

14018330

SCAD4, LLC

7947 Timberlake DR
West Melbourne, FL 32904
July 5, 2005

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

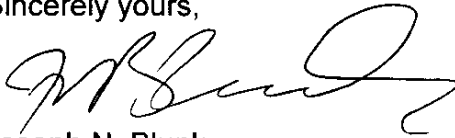
Re: **Notice of Intent to Dissolve** for SCAD4, LLC
L04000060296

I received the above referenced notification the end of last week. I have searched for a prior notice, but I have not been able to find one.

Unfortunately, we were hit by Hurricanes Frances and Jeanne last fall and have had to move out of our house (the address noted above). Being out of the house for over the last 6 months has lead to us not being able to account for multiple pieces of mail. I have gone to the www.sunbiz.org web site and downloaded the **2005 Limited Liability Company Annual Report** form, I have completed it, and am enclosing it along with SCAD4, LLC check # 0991 for \$55.00 to cover the filing fee and for a Certificate of Status.

We are progressing well with getting back into the house; so future lapses in correspondence hopefully will be eliminated.

Sincerely yours,



Joseph N. Blunk
President SCAD4, LLC