

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90003 002 \*\*\*\*50.00

DOCUMENT # L02000016040

1. Entity Name

SSCS, L.C.



Principal Place of Business

Mailing Address

~~4675 PONCE DE LEON BOULEVARD, SUITE 305~~  
CORAL GABLES FL 33146

~~4675 PONCE DE LEON BOULEVARD, SUITE 305~~  
CORAL GABLES FL 33146

2. Principal Place of Business

2199 Ponce de Leon Blvd

Suite, Apt. #, etc.  
Suite 301

City & State  
CORAL Gables

Zip  
33134

Country  
USA

3. Mailing Address

2199 Ponce de Leon Blvd

Suite, Apt. #, etc.  
Suite 301

City & State  
Coral Gables, FL

Zip  
33134

Country  
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number

06-1639280

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~STINSON, LOUIS JR.~~  
~~4675 PONCE DE LEON BOULEVARD, SUITE 305~~  
~~CORAL GABLES FL 33146~~

7. Name and Address of New Registered Agent

Name: Stewart Agent Service  
Street Address (P.O. Box Number is Not Acceptable): 2199 Ponce de Leon Blvd  
Suite 301  
City: Coral Gables FL Zip Code: 33134

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]*

Manager

3/24/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| 9. MANAGING MEMBERS/MANAGERS                       |  | 10. ADDITIONS/CHANGES                              |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MANAGER<br>Stinson, Louis<br>2199 Ponce de Leon Blvd # 301<br>CORAL GABLES, FLA 33134<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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

*[Signature]* SIGNATURE REQUIRED

3/24/03 305-444-8807

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

Date

Daytime Phone #

CR2E083 (10/02)