

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A09000000233

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** SCOTT CARVER IIA, LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1415 OLIVE STREET, SUITE 310  
ST. LOUIS, MO 63103

**New Principal Place of Business:**

**Current Mailing Address:**

1415 OLIVE STREET, SUITE 310  
ST. LOUIS, MO 63103

**New Mailing Address:**

**FEI Number:** 26-4662455      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #: L09000034462  
Name: RELIANCE-SCOTT CARVER, LLC  
Address: 805 E. BROWARD BLVD., SUITE 200  
City-St-Zip: FORT LAUDERDALE, FL 33301

Address:  
City-St-Zip:

Document #: L09000032136  
Name: MBS SCOTT CARVER GP, LLC  
Address: 1415 OLIVE STREET, SUITE 310  
City-St-Zip: ST. LOUIS, MO 63103

Address:  
City-St-Zip:

I hereby 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: MBS SCOTT CARVER GP, LLC

GP

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date