

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:52

**DOCUMENT # A98000000889**

1. Entity Name  
 SCC, LTD.



Principal Place of Business  
 % ATLANTIA HOLDINGS  
 645 E. DANIA BEACH BLVD.  
 DANIA BEACH, FL 33004

Mailing Address  
 % ATLANTIA HOLDINGS  
 645 E. DANIA BEACH BLVD.  
 DANIA BEACH, FL 33004

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

645 E. Dania Beach Blvd.  
 Dania Beach, FL 33004

645 E. Dania Beach Blvd.  
 Dania Beach, FL 33004



04142008 Chg-LP CR2E003 (12/06)

4. FEI Number  
 65-0826819

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACKBURN, ACE J JR.  
 645 E. DANIA BEACH BOULEVARD  
 DANIA BEACH, FL 33004

Chris A. Economou  
 645 E. Dania Beach Blvd.  
 Dania Beach, FL 33004

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

300128734253  
 05/07/08--01009--004 \*\*\$500.00

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # P98000032631  
 NAME CASINO CRUZ, INC.  
 STREET ADDRESS % ATLANTIA HOLDINGS, 645 E. DANIA BEACH  
 CITY-ST-ZIP DANIA BEACH, FL 33004

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/08

Date

Daytime Phone #

STAPLE CHECK HERE