


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 16 AM 10:29

|   |                            |                |   |   |  |
|---|----------------------------|----------------|---|---|--|
| <b>DOCUMENT # B04000000109</b>  |                            |                |   |  |  |
| 1. Entity Name<br>SCPLANTATION LV, L.P.   |                            |                |   |   |  |
| Principal Place of Business<br>31 RAVENWOOD DR<br>WALNUT CREEK, CA 94597  |                            |                | Mailing Address<br>31 RAVENWOOD DR<br>WALNUT CREEK, CA 94597                      |   |  |
| 2. Principal Place of Business  |                            |                | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |                            |                | Suite, Apt. #, etc.   |   |  |
| City & State  |                            |                | City & State  |   |  |
| Zip   | Country                    | Zip            | Country   | 4. FEI Number   |  |
|   |                            |                |   | Applied For<br><input checked="" type="checkbox"/> Not Applicable                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                            |                |   | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent   |                            |                | 7. Name and Address of New Registered Agent                                       |   |  |
| LEOPOLD, KAREN S ESQ<br>20801 BISCAYNE BLVD, STE 501<br>AVENTURA, FL 33180  |                            |                | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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 <u>N/A</u> DATE   |                            |                |   |   |  |
| Signature, typed or printed name of registered agent and title if applicable.   |                            |                |   |   |  |
| 9. Capital Contributions as Shown on record.  |                            | \$3,000,000.00 |   | 10. Amount of Capital Contributions in FLORIDA to date.                           |  |
|   |                            |                |   | \$ 3,000,000.00   |  |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.<br>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.   |                            |                |   |   |  |
| 12. GENERAL PARTNER INFORMATION   |                            |                | 13. ADDRESS CHANGES ONLY  |   |  |
| DOCUMENT #  | M04000001008               |                | STREET ADDRESS  |   |  |
| NAME  | SCPLANTATION LV MGMT., LLC |                | CITY-ST-ZIP   |   |  |
| STREET ADDRESS  | 31 RAVENWOOD DR            |                |   |   |  |
| CITY-ST-ZIP   | WALNUT CREEK, CA 94597     |                |   |   |  |
| DOCUMENT #  |                            |                | STREET ADDRESS  |   |  |
| NAME  |                            |                | CITY-ST-ZIP   |   |  |
| STREET ADDRESS  |                            |                |   |   |  |
| CITY-ST-ZIP   |                            |                |   |   |  |
| DOCUMENT #  |                            |                | STREET ADDRESS  |   |  |
| NAME  |                            |                | CITY-ST-ZIP   |   |  |
| STREET ADDRESS  |                            |                |   |   |  |
| CITY-ST-ZIP   |                            |                |   |   |  |
| DOCUMENT #  |                            |                | STREET ADDRESS  |   |  |
| NAME  |                            |                | CITY-ST-ZIP   |   |  |
| STREET ADDRESS  |                            |                |   |   |  |
| CITY-ST-ZIP   |                            |                |   |   |  |
| DOCUMENT #  |                            |                | STREET ADDRESS  |   |  |
| NAME  |                            |                | CITY-ST-ZIP   |   |  |
| STREET ADDRESS  |                            |                |   |   |  |
| CITY-ST-ZIP   |                            |                |   |   |  |
| 14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes |                            |                |   |   |  |
| SIGNATURE: <u>Jeffrey A. Lehmann, Manager</u> 1-4-05 925-930-7333   |                            |                |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #   |                            |                |   |   |  |

STAPLE CHECK HERE

check for \$ 526.25  
Due w/ form.