

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003770

Entity Name: SCW TWO, LLC

FILED
Jan 06, 2004
Secretary of State

Current Principal Place of Business:

4729 U.S. HIGHWAY 17
SUITE 204
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

4729 U.S. HIGHWAY 17
SUITE 204
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, JAMES RICKY
4729 U.S. HIGHWAY 17
SUITE 204
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WOOD, JAMES RICKY
Address: 4729 US HIGHWAY 17, SUITE 204
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR () Delete
Name: WOOD, SUSAN D VP
Address: 4729 US HIGHWAY 17, SUITE 204
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR () Delete
Name: EDWARDS, JR., MABRY - CFO
Address: 4729 US HIGHWAY 17, SUITE 204
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BY: MABRY EDWARDS, JR., ITS CFO MGR 01/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date