2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000000524

1. Entity Name

SCG GOVERNMENTAL AFFAIRS, LLC



FILED
Jan 31, 2007 08:00 AM
Secretary of State

Principal Place of Business

501 E. TENNESSEE STREET

SUITE D

TALLAHASSEE, FL 32301

Mailing Address

501 E. TENNESSEE STREET

SUITE D

TALLAHASSEE, FL 32301



DO NOT WRITE IN THIS SPACE

01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3690854

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REEVES, RICHARD 501 E. TENNESSEE STREET SUITE D TALLAHASSEE, FL 32301

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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

(NOTE Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REEVES, RICHARD 501 E. TENNESSEE STREET, SUITE D TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-7P	

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11. 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEWBER, OR AUTHORIZED REPRESENTATIVE

1/29/07

850-513-0004

Daytime Phone #