



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90036 043 ****50.00

DOCUMENT # L01000020617 1. Entity Name SC ENTERPRISES, LLC					
Principal Place of Business 500 S. FALKENBURG ROAD TAMPA, FL 33619-8028				Mailing Address 500 S. FALKENBURG ROAD TAMPA, FL 33619-8028	
2. Principal Place of Business 4908 ST. CROIX DRIVE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 89456 Suite, Apt. #, etc.			
City & State TAMPA FL		City & State TAMPA FLORIDA		4. FEI Number 59-3759624	
Zip 33629		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANTINORI, STEVEN JAMES 500 S. FALKENBURG ROAD TAMPA, FL 33619-8028				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTINORI, STEVEN JAMES 500 S. FALKENBURG ROAD TAMPA, FL 336198028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4/20/06 Daytime Phone #		