## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L02000001394**

1. Entity Name

SECURITY CAPITAL OF FLORIDA, LLC



FILED Feb 13, 2006 8:00 am Secretary of State

02-13-2006 90185 037 \*\*\*\*50.00

Principal Place of Business

Mailing Address

13524 ROSEWOOD LANE . . . NAPLES, FL 34119

P.O. BOX 110448 NAPLES, FL 34108



DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0028651

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FEINSTEIN, ERIC 13524 ROSEWOOD LANE NAPLES, FL 34119

## DO NOT WRITE IN THIS SPACE

| 8. The above named entity submits this statement for the purpose the obligations of registered agent. | of changing its registered office or registered agent, or both, in the | State of Florida. I am familiar with, and accept |
|---|--|--|
| SIGNATURE   | s. (NOTE: Registered Agent signature required when reinstating)        | DATE   |
| Filing Fee Is \$50.00<br>Due by May 1, 2006   |  |  |

| ; 9. «·                               | MANAGING MEMBERS/MANAGERS   |               |   |
|---------------------------------------|---|---------------|---|
| NAME STREET ADDRESS CITY-ST-ZIP       | VS<br>FEINSTEIN, KATHY<br>13524 ROSEWOOD LANE<br>NAPLES, FL 34119 |               |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT<br>FEINSTEIN, ERIC<br>13524 ROSEWOOD LANE<br>NAPLES, FL 34119  |               |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | DO NOT WRITE  | • |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | IN THIS SPACE |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |               |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |               |   |

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: 911 July SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-06 239-435