

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014302

FILED
Apr 29, 2005
Secretary of State

Entity Name: SCOTCH RIDGE HOLDINGS, LLC

Current Principal Place of Business:

7950 NW 155TH ST SUITE 104
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

7950 NW 155TH ST SUITE 104
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 01-0712238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE, FL 33311 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: FORTUNY, JUAN CARLOS
Address: 7950 NW 155TH ST SUITE 104
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGRM () Delete
Name: AMADOR-FORTUNY, KATHERINE
Address: 7950 NW 155TH ST SUITE 104
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGR () Delete
Name: RODRIGUEZ, ELENA
Address: 8310 N.W. 156TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33015

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: KATHERINE AMADOR-FORTUNY

MGR

04/29/2005

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