

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90036 024 ****55.00

DOCUMENT # L02000014302

1. Entity Name
SCOTCH RIDGE HOLDINGS, LLC



Principal Place of Business

**168 SE 1ST STREET
12TH FLOOR
MIAMI, FL 33131**

Mailing Address

**168 SE 1ST STREET
12TH FLOOR
MIAMI, FL 33131**

60030626



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272007 Chg-LLC CR2E083 (12/06)

4. FEI Number
01-0712238

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE, FL 33311**

7. Name and Address of New Registered Agent

Name **Autorama Mfg. Inc.**

Street Address (P.O. Box Number is Not Acceptable)

168 S.E. 1st Street 12th Floor

City **Miami**

FL

Zip Code **33131**

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 **JUAN FORTUNY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-28-07

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **FORTUNY, JUAN CARLOS**
STREET ADDRESS **7950 NW 155TH ST SUITE 104**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE **MGRM** ☐ Delete
NAME **AMADOR-FORTUNY, KATHERINE**
STREET ADDRESS **7950 NW 155TH ST SUITE 104**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE **MGR** ☐ Delete
NAME **RODRIGUEZ, ELENA**
STREET ADDRESS **8310 N.W. 156TH TERRACE**
CITY-ST-ZIP **MIAMI LAKES, FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Fortuny, Juan Carlos**
STREET ADDRESS **168 S.E. 1st Street 12th Floor**
CITY-ST-ZIP **Miami, FL 33131**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Amador-Fortuny, Katherine**
STREET ADDRESS **168 S.E. 1st Street 12th Floor**
CITY-ST-ZIP **Miami, FL 33131**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Rodriguez, Elena**
STREET ADDRESS **168 S.E. 1st Street 12th Floor**
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/27/07 (305) 377-0034

Date

Daytime Phone #