2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, ~~2004~~ 08:00 AM
Secretary of State

DOCUMENT # L02000015165

1. Entity Name
SCOOTER REAL ESTATE INVESTMENTS #1, L.L.C.

Principal Place of Business	Mailing Address
8026 PINE LAKE RD. JACKSONVILLE, FL 32256	8026 PINE LAKE RD. JACKSONVILLE, FL 32256

05282004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-2485467
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FAIRBANKS, RANDAL C
217 PONTE VEDRA PARK DR., STE. 200
PONTE VEDRA BEACH, FL 32082

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SOVEREIGN, BRYCE J
STREET ADDRESS	8026 PINE LAKE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	MGR
NAME	SOVEREIGN, MELISSA L
STREET ADDRESS	8026 PINE LAKE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/02/04-80001-015 50.00

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11. *I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 6/1/2004 904 564 4390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #