

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000024360

1. Entity Name

SC LONGWOOD LAND, LLC



Principal Place of Business

ONE NORTH CLEMATIS STREET, SUITE 305  
WEST PALM BEACH, FL 33401

Mailing Address

ONE NORTH CLEMATIS STREET, SUITE 305  
WEST PALM BEACH, FL 33401

FILED

2004 APR 16 PM 3:57

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



02042004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

30-0167538

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WIENER, DAVID J ESQ.  
ONE NORTH CLEMATIS STREET, SUITE 305  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

200032869422  
04/16/04--01048--035 \*\*50.00

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME KOSOY, DAVID  
STREET ADDRESS ONE NORTH CLEMATIS STREET, SUITE 305  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGR  
NAME KOSOY, BRIAN  
STREET ADDRESS ONE NORTH CLEMATIS STREET, SUITE 305  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGR  
NAME SHREEVE, DAVID J  
STREET ADDRESS ONE NORTH CLEMATIS STREET, SUITE 305  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGR  
NAME HAMILTON, TOM  
STREET ADDRESS ONE NORTH CLEMATIS STREET, SUITE 305  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*David J Shreeve*

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

2-23-2004 561-835-1810

Date

Daytime Phone #