


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90012 044 ****50.00

DOCUMENT # L02000027708

1. Entity Name
SCWXYZ, LLC



Principal Place of Business
**24 CATHEDRAL PL STE 203
 SAINT AUGUSTINE, FL 32084**

Mailing Address
**PO BOX 1718
 SAINT AUGUSTINE, FL 32085**

2. Principal Place of Business
136 TURTLE BAY LANE
 Suite, Apt. #, etc.

3. Mailing Address
136 TURTLE BAY LANE
 Suite, Apt. #, etc.

City & State
PONTEVEDRA BEACH, FL

City & State
PONTEVEDRA BEACH, FL

Zip
32082

Country
ST. JOHNS

Zip
32082

Country
ST JOHNS

04072005 Chg-LLC CR2E083 (10/03)

4. FEI Number
52-2383889

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, DENNIS D ESQ
 C/O TRIPP SCOTT, P.A.
 110 SE 6TH STREET, 15TH FL
 FORT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name
BRUCE E. CARR

Street Address (P.O. Box Number is Not Acceptable)
136 TURTLE BAY LANE

City
PONTEVEDRA BEACH FL Zip Code
32082

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]* **BRUCE E CARR** DATE: **4-13-2005**

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 May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP CARR, BRUCE E 24 CATHEDRAL PL STE 305 SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP CARR, BRUCE E. 136 TURTLE BAY LANE PONTEVEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCEF WRIGHT, DENNIS H 24 CATHEDRAL PL STE203 SAINT AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **BRUCE E CARR** DATE: **4-13-2005**

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