

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004545

Entity Name: SCM LINES USA, LLC

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

7205 CORPORATE CENTER DR.
#404
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD., SUITE 330
CORAL GABLES, FL 33134

New Mailing Address:

1430 S. DIXIE HIGHWAY
SUITE 321
CORAL GABLES, FL 33146

FEI Number: 04-3740950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, MICHAEL ESQ.
2121 PONCE DE LEON SUITE 330
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ORTIZ, MICHAEL ESQ.
1430 S. DIXIE HIGHWAY
SUITE 321
CORAL GABLES, FL 33146 US

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: MICHAEL ORTIZ

01/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GEORGIADIS, LAZAROS
Address: 7205 CORPORATE CENTER DR., #404
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: ORTIZ, MICHAEL
Address: 2121 PONCE DE LEON BLVD., #330
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ORTIZ, MICHAEL ESQ.
Address: 1430 S. DIXIE HIGHWAY, SUITE #321
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL ORTIZ

MGRM

01/29/2009

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