

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005139

Entity Name: SSC REALTY, LLC

FILED  
Apr 20, 2004  
Secretary of State

## Current Principal Place of Business:

2 SCHOONER LANE #22  
MILFORD, CT 06460

## New Principal Place of Business:

1 NEW HAVEN AVE.  
SUITE 300  
MILFORD, CT 06460

## Current Mailing Address:

2 SCHOONER LANE #22  
MILFORD, CT 06460

## New Mailing Address:

1 NEW HAVEN AVE.  
SUITE 300  
MILFORD, CT 06460

FEI Number: 36-4522951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPCO, INC.  
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR  
MIAMI, FL 33133 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: FLAUMENHAFT, ALAN  
Address: 2 SCHOONER LANE #22  
City-St-Zip: MILFORD, CT 06460

Title: MGR ( ) Delete  
Name: FLAUMENHAFT, MICHAEL  
Address: 1450 N.W. 92ND AVENUE  
City-St-Zip: PLANTATION, FL 33322

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FLAUMENHAFT, ALAN  
Address: 1 NEW HAVEN AVE  
City-St-Zip: MILFORD, CT 06460

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ERIC LINDSKOG

FD

04/20/2004

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