

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031498

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: SCOFIS, LLC

## Current Principal Place of Business:

1450 MADRUGA AVENUE, SUITE 210  
CORAL GABLES, FL 33146

## New Principal Place of Business:

7340 RED ROAD  
SOUTH MIAMI, FL 33143

## Current Mailing Address:

1450 MADRUGA AVENUE, SUITE 210  
CORAL GABLES, FL 33146

## New Mailing Address:

1450 MADRUGA AVENUE, SUITE 210  
CORAL GABLES, FL 33146 US

FEI Number: 20-0179961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOLANOS, JOSE A  
2121 PONCE DE LEON BLVD., SUITE 600  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

PHILIPPE, GADEA  
1450 MADRUGA AVENUE  
SUITE 210  
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: PHILIPPE GADEA

04/20/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: PRICE, SCOTT L  
Address: 1450 MADRUGA AVENUE, SUITE 210  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM ( ) Delete  
Name: GADEA, PHILIPPE  
Address: 1450 MADRUGA AVENUE, SUITE 210  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM ( ) Delete  
Name: JACQUET, PHILIPPE  
Address: 1450 MADRUGA AVENUE, SUITE 210  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES:

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

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

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: PHILIPPE GADEA

MGRM

04/20/2004

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