2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006
Secretary of State

DOCUMENT# L03000031498

Entity Name: SCOFIS, LLC

Current Principal Place of Business:

7340 RED ROAD
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-0179961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILIPPE, GADEA
1450 MADRUGA AVENUE
SUITE 210
CORAL GABLES, FL 33146 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/MANAGERS:

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 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: PHILIPPE JACQUET MGRM 03/10/2006

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