FILED
07 AUG 24 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000031632

1. Entity Name
SCT, LLC

Principal Place of Business	Mailing Address
134 BAYWOOD AVENUE LONGWOOD, FL 32750	134 BAYWOOD AVENUE LONGWOOD, FL 32750

BK

200108600782

08082007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
975 Florida Central Parkway	975 Florida Central Parkway
Suite, Apt. #, etc. Suite 1900	Suite, Apt. #, etc. Suite 1900
City & State Longwood, FL	City & State Longwood, FL
Zip / Country 32750	Zip / Country 32750

4. FEI Number
56-2424566
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
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 September 14, 2007

BK

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR POSEA, DAVID G 134 BAYWOOD AVENUE LONGWOOD, FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 975 Florida Central Parkway, Suite 1900 Longwood, FL 32750
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WROBLEWSKI, GERALD J 134 BAYWOOD AVENUE LONGWOOD, FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JOHNSON, CHRISTOPHER W JR. 134 BAYWOOD AVENUE LONGWOOD, FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 975 Florida Central Parkway, Suite 1900 Longwood, FL 32750
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 605, Florida Statutes.

SIGNATURE: David Posea 8/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

file 1st

CSC. L03000031632

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 070121 4304557

AUTHORIZATION

COST LIMIT : $ 50.00

ORDER DATE : August 24, 2007

ORDER TIME : 1:09 PM BK

ORDER NO. : 070121-015

CUSTOMER NO: 4304557

RECEIVED
07 AUG 24 PM 2:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: SCT, LLC

BK

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT PERSON: Debbie Skipper-EXT#2948

EXAMINER'S INITIALS: _____