
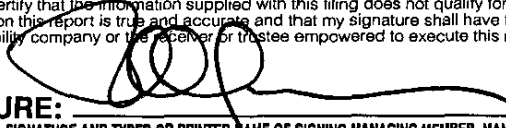


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90192 002 ****50.00

DOCUMENT # L03000032577 1. Entity Name SC DEVELOPMENT ENTERPRISES, LLC					
Principal Place of Business 1750 W. BROADWAY ST., STE. 118 OVIEDO, FL 32765			Mailing Address 1750 W. BROADWAY ST., STE. 118 OVIEDO, FL 32765		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01072004 Chg-LLC CR2E083 (10/03)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CIOFFI, CHRISTOPHER M 2317 HARRIER RUN NAPLES, FL 34105			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE VPD NAME RICHARD A. JERMAN <input type="checkbox"/> Delete STREET ADDRESS 1750 W. BROADWAY ST. #118 CITY-ST-ZIP OVIEDO, FL 32765	TITLE VPD NAME JERMAN, RICHARD A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 1750 W. BROADWAY ST. #118 CITY-ST-ZIP OVIEDO, FL 32765				
TITLE TD NAME KEVIN STONEBURNER <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE VPD NAME KEVIN STONEBURNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 1750 W. BROADWAY ST. CITY-ST-ZIP OVIEDO, FL 32765				
TITLE PA NAME CHRISTOPHER CIOFFI <input type="checkbox"/> Delete STREET ADDRESS 2317 Harrier Run CITY-ST-ZIP NAPLES, FL 34105	TITLE STB NAME CHRISTOPHER CIOFFI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2317 HARRIER RUN CITY-ST-ZIP NAPLES, FL 34105				
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 			2/13/04 407-971-1010 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					