2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 MAR -8 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000037088

1. Entity Name
SC HOLDINGS ,LLC

Principal Place of Business	Mailing Address
9917 PALMA VISTA WAY BOCA RATON, FL 33428	9917 PALMA VISTA WAY BOCA RATON, FL 33428

02282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
401 West Atlantic Avenue	401 West Atlantic Avenue
Suite, Apt. #, etc. 2nd Floor, #12	Suite, Apt. #, etc. 2nd Floor, #12
City & State: Delray Beach, FL	City & State: Delray Beach, FL
Zip: 33444 Country: USA	Zip: 33444 Country: USA

4. FEI Number: APPLIED FOR

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
LICATA, CHRISTOPHER J 9917 PALMA VISTA WAY BOCA RATON, FL 33428	Name: Christopher J. Licata Street Address (P.O. Box Number is Not Acceptable): 401 West Atlantic Avenue 2nd Floor, #12 City: Delray Beach FL Zip Code: 33444

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: Christopher J. Licata

Filing Fee is $50.00. Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	☒ Delete
NAME	LICATA, CHRISTOPHER J	
STREET ADDRESS	9917 PALMA VISTA WAY	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	MGRM	☒ Delete
NAME	LICATA, SEBASTIAN J	
STREET ADDRESS	1999 CLASSIC DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	MGRM	☒ Delete
NAME	LICATA, RUTH A	
STREET ADDRESS	1999 CLASSIC DR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		

10. ADDITIONS/CHANGES		
TITLE	Mgrm	☒ Change
NAME	Christopher J. Licata	
STREET ADDRESS	401 West Atlantic Avenue, 2nd Fl, #12	
CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	Mgrm	☒ Change
NAME	Sebastian J. Licata	
STREET ADDRESS	401 West Atlantic Avenue, 2nd Floor, #12	
CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	Mgrm	☒ Change
NAME	Ruth A. Licata	
STREET ADDRESS	401 West Atlantic Avenue, 2nd Floor, #12	
CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change
NAME		
STREET ADDRESS		

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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: Christopher J. Licata, Mgrn (954) 729-

BK

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