


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 30 AM 10:26

DOCUMENT # L03000052560 1. Entity Name S C S VENTURES, L.L.C.					
Principal Place of Business 17500 NORTHEAST 9TH AVENUE NORTH MIAMI BEACH, FL 33162			Mailing Address 17500 NORTHEAST 9TH AVENUE NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 16-1689666	
Zip		Country		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	
GRUNSPAN, ALAN M 4650 WACHOVIA FINANCIAL CENTER MIAMI, FL 33131				Name Fried, Chaya Sarah	
				Street Address (P.O. Box Number is Not Acceptable)	
				17500 NE 9 Avenue	
				City North Miami Beach FL Zip Code 33162	
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 <u><i>Chaya Sarah Fried</i></u> CHAYA SARAH FRIED 3/30/2005 <small>Signature, typewritten printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.183(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIED, SHELDON 17500 NORTHEAST 9TH AVENUE NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIED, CHAYA SARAH 17500 NORTHEAST 9TH AVENUE NORTH MIAMI BEACH, FL 33162	<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	500050505 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/12/05--01006--001 **100.00	
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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: <u><i>Chaya Sarah Fried</i></u> CHAYA SARAH FRIED 3/30/2005 305653-8082 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					