## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055857

## FILED Mar 23, 2004 8:00 am Secretary of State

03-23-2004 90069 015 \*\*\*\*50.00

1. Entity Nam	SCRUG	GS LLC								
Principal Place of Business 6831 NARCOOSSEE ROAD ORLANDO, FL 32812			Mailing Address 6831 NARCOOSSEE ROAD ORLANDO, FL 32812		]   	-	4027		<b>.</b>	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		03112004	Chg-LLC	CR2E	E083 (10/0 <b>3</b> )		
City & State		City & State			4. FEI Numb	er 378126(		<u> </u>	pplied For ot Applicable	
Zip		Country	Zip	Country			of Status Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New	Registere	d Agent	
,				1	Vame					
SCRÜGGS, DAVID 6831 NARCOOSSEE ROAD ORLANDO, FL 32812					Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO	), FL 320	12		<del></del>						
			City					F		
	e named entity tions of regist		r the purpose of changing it	s registered o	office or register	red agent, or bo	th, in the State of I	Florida. I ar	n familiar with,	, and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Registered Ag	ent signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2004					Make check payable to Florida Department of State					
Fi D	ue by Maj	s \$50.00 y 1, 2004				:				te
D	lling Fee i ue by Maj	y 1, 2004	RS/MANAGERS	10.		:	· Flori	da Depart	ment of Stat	ie
9	ue by Ma	MANAGING MEMBE	<del></del>	10.			· Flori		ment of Stat	
9 TITLE	MGRM	MANAGING MEMBE	RS/MANAGERS	TITLE		: · · ·	· Flori	da Depart	ment of Stat	Addition
9	MGRM MEEKS, F	y 1, 2004	<del></del>		DDRESS	:	· Flori	da Depart	ment of Stat	
9 TITLE NAME	MGRM MEEKS, F	MANAGING MEMBE	<del></del>	TITLE NAME		: .	· Flori	da Depart	ment of Stat	
9 TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEEKS, F	MANAGING MEMBE ROBERT G JR. RCOOSSEE ROAD	☐ Delcte	TITLE NAME STREET AI CITY-ST-		: .	· Flori	da Depart	ment of Stat	Addition
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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:

NACING MEMBER, M. MAGER, OR AUTHORIZED REPRESENTATIVE

3/11/04

40/926-57/2 Daytine Phone #