


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90092 044 ****50.00

DOCUMENT # L03000056795					
1. Entity Name SCRIPPS VILLAGE, LLC					
Principal Place of Business 4152 WEST BLUE HERON BLVD, STE 128 RIVIERA BEACH, FL 33404			Mailing Address 4152 WEST BLUE HERON BLVD, STE 128 RIVIERA BEACH, FL 33404		
2. Principal Place of Business 631 US Highway 1		3. Mailing Address 631 US Highway 1			
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400			
City & State North Palm Beach, FL		City & State North Palm Beach, FL			
Zip 33408	Country USA	Zip 33408	Country USA	4. FEI Number APPLIED FOR 20-1055122	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WHITE, JOHN II ESQ 1645 PALM BEACH LAKES BLVD, STE 1200 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent 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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAGAN, GREGORY J 4152 W. BLUE HERON BLVD., STE 128 RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	631 US Highway 1, Ste 400 North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: _____ Date 2/20/05 Daytime Phone # _____					