


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000021920

1. Entity Name
SCG-LOTS, LLC



Principal Place of Business Mailing Address

P.O. BOX 787 **P.O. BOX 787**
O'FALLON, IL 62269 **O'FALLON, IL 62269**

DO NOT WRITE IN THIS SPACE



02172006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For

27-0085792 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

WEBB, RICHARD S IV
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

7. 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, 2006

8. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WOLFE, ROBERT G TRUSTEE
STREET ADDRESS	P.O. BOX 787
CITY-ST-ZIP	O'FALLON, IL 62269
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000454246
 03/15/06-80001-009 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: LeAnn Ozia Date: 2/17/06 Daytime Phone #: 618-624-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #