


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 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**



01042007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>27-0085792</b>	Applied For Not Applicable
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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**

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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 re-registering)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

U00000593398  
 01/22/07-80029-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>WOLFE, ROBERT G TRUSTEE</b> <b>P.O. BOX 787</b> <b>O'FALLON, IL 62269</b>
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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 608, Florida Statutes.

**SIGNATURE:** *LeAnn Ozier*      *LeAnn Ozier*      *1/4/07*      *618-624-2000*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #