


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000022843 1. Entity Name SCOTT BRYAN LLC	
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Principal Place of Business 226 LILY PAD RD WINTER HAVEN, FL 33880	Mailing Address 226 LILY PAD RD WINTER HAVEN, FL 33880
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DO NOT WRITE IN THIS SPACE



07242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 41-2129256	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BRYAN, SCOTT 226 LILY PAD RD WINTER HAVEN, FL 33880

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

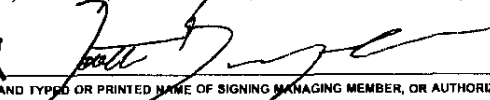
**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRYAN, SCOTT 226 LILY PAD RD WINTER HAVEN, FL 33880
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09/06/06-80007-020 50.00

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: X  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	9/14/06 (863) 288-1716 <small>Date Daytime Phone #</small>
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