## FILED Aug 23, 2005 8:00 am Secretary of State

## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Suite, Apt. P. etc.  Suite, Apt. P. etc.  Suite, Apt. P. etc.  Suite, Apt. P. etc.  City & State  City & State  City & State  City & State  County  Zip  County  S. Certificate of Status Desired  S. Name and Address of Current Registered Agent  T. Name and Address of Status Desired  S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET  TALLAHASSEE, FL 32301-2525  City  Street Address (P.O. Box Number is Not Acceptable)  T. Name and Address of New Registered Agent  T. Name	DOCUMENT # L0400054020  1. Entity Name SCOTTO JADE, LLC							07-20-200	<i>3</i> 5 900	00 030 1	****30.00
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O7112005   Chg-LLC   CR2E083 (10/03)	17 ELM STREET 17 ELM STREET				60						
City & State  Country  In Coun	2. Principal Place of Business			3. Mailing Address							
EQ County Zip County S. Certificate of Sisture Desired Specialities Appendix P. Name and Address of New Registered Apend Name    Name	Suite, Apt. *, etc.		Suite, Apt. #, etc.			07112005	Chg-LLC	CR2E	083 (10/03)		
Security   Security   Security   Security   Securiticate of Status Desired   Security   Securiticate of Status Desired   Security	City & State		City & State			4. FEI Numbe	A FOR		<del>,</del>	·	
Name	Zip		Country Zip Cou		Coun	try	7		0		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHAYS SEE, FL 32301-2525  Cay 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 Typicals, food or preserving or impetent agens and the Lapolicians (NOTE Registered Agens agents).  Filling Fee is \$ \$50,00 Due by September 7, 2005  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  10. Change Addition  10. ADDITIONS/CHANGES  10. STREET ADDRESS  10.		5. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of New Re	gistered	Agent	
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Plorida Department of S	1201 HAYS STREET			<u> </u>			P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent.    Signal   Signa	TALLAHA!	SSEE, FL	32301-2525								
the obligations of registered agent.    SIGNATURE     Signature, tipsed or pertain neme of ingestered agent and 1th it application   (HOTE, Registered Agent Registerer required winto reinstationg)   DATE	<u> </u>					City		<del></del> _	FL	Zip Cod	•
SIGNATURE    Signature, hysied or perieted name of impotented agent and the if applications (INDTE, Regulate of Agent algorithms regulated when reinstaturing)   DATE				the purpose of changing its	registeri	ed office or register	red agent, or bott	h, in the State of Flori	ida. Iam	famillar with,	and accept
Filling Fee is \$50.00 Dub by September 7, 2005    Make check payable to Florida Department of State   State	SIGNATURE										
Due by September 7, 2005    September 7, 2005   Florida Department of State   September 2, 2005		Signature, lyped	or printed name of registered agent a	nd ste if applicable (NOTS	. Registere	d Agent signsture required	when reinstating]		DATE		
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11. I hereby cartify that the information supplied with this filling 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 end that my signature shall have the samplegal effect as if made under eath; that I am a managing member or manager of the	DILE MAME SIREFI ADDRESS CITY-ST-ZIP TITLE MAME SITREET ADDRESS CITY-ST-ZIP TITLE MAME SITREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME	SCOTTO 17 ELM S	HOLDING, LLC	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STRE CITY TITLE MAMI STRE CITY TITLE HAMI STRE CITY TITLE MAMI STRE CITY TITLE NAME STRE CITY	E ET ADDRESS -ST-ZP  E ET ADDRESS -ST-ZP			CHANGES	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition
limited liability company or the ecoiver or trustee empowered to execute this report frequired by Chapter 608, Florida Statutes.	ITILE  MAME  SIREFI ADDRESS CITY- ST- ZIP  TITLE  MAME  SIREFI ADDRESS CITY- ST- ZIP	SCOTTO 17 ELM S	HOLDING, LLC	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STRE CITY TITLE NAME STRE NAME STRE STRE STRE STRE STRE STRE STRE STR	E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E FT ADDRESS -ST-ZIP  E FT ADDRESS -ST-ZIP  E FT ADDRESS -ST-ZIP			CHANGES	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition
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