## FILED May 17, 2007 8:00 am Secretary of State

2007 LIN	ANNUAL REPORT	T
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DOCUMENT # L04000054020  1. Entity Name SCOTTO JADE, LLC				_	05-17-2007 9	0174 010			
Principal Place of Business Mailing Address				dal ranno.					
17 ELM STREET 25 WASHINGTON ST									
MORRISTOWN, NJ 07960 MORRISTOWN, NJ 07960			1						
	<u> </u>								
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Jamas and Shannas and Address Jamas and Shannas					BANK BIRN KANI BANK RAK				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		3 000	04302007	Chg-LLC	CDSEGG	3 (12/06)		
140	O'the B. Otento						<u> </u>	-U F	
MILES IS HOWN, MS	City & State		<del></del>	4. FEI Numb 56-256			No	plied For t Applicable	
07960 MORRIS	Zip	Coun	try		of Status Desired	<u> Г</u>	5.00 Add ee Required		
6. Name and Address of Current R	Registered Agent		Name	7. Name and	Address of New R	egistered Ag	gent		
CORPORATION SERVICE COMPANY				20.2-1					
1201 HAYS STREET TALLAHASSEE; FL 32301-2525			Street Address (I	P.O. Box Numb	er is Not Acceptable	e) 			
**************************************			1						
			City	<del></del>	·	FL	Zip Code	9	
8. The above named entity submits this statement for	the purpose of changing its	register	ed office or register	ed agent, or bo	oth, in the State of Flo	. <u> </u>	I miliar with,	and accept	
the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE	: Registere	d Agent signature required	when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2007		· · · · · ·				e check pa a Departme			
9. MANAGING MEMBEF	I RS/MANAGERS	10.			ADDITIONS		A CHILLEN	"HERELIES F E	
TITLE MGRM	☐ Delete	TITL	E		·		Change	☐ Addition	
NAME SCOTTO HOLDING, LLC STREET ADDRESS 25 WASHINGTON ST		NAM	E ET ADORESS						
CITY-ST-ZIP MORRISTOWN, NJ 07960			-ST-ZIP						
TIFLE	☐ Delete	TITU	<u> </u>				☐ Change	☐ Addition	
NAME		NAM							
STREET ADDRESS CITY-ST-ZIP			ET ADORESS   - S1- ZIP					1	
TITLE	☐ Delete	TITU	<del></del>			<del></del>	☐ Change	☐ Addition	
NAME		NAM	4						
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS - ST- ZIP						
Tifue	☐ Delete	TITL			<del></del>		☐ Change	☐ Addition	
NAME		NAM	E						
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS -ST-ZIP						
TITLE	Delete	TITL	<del></del>				☐ Change	☐ Addition	
NAME	Li priore	NAM							
STREET ADDRESS			EET ADDRESS '-ST-ZIP						
CITY-ST-ZIP	Delete	TITL					☐ Change	☐ Addition	
NAME	Li Celcic	NAM	1						
STREET ADDRESS		1	EET ADDRESS						
CITY-ST-ZIP	this filing does not qualify to		-ST-ZIP	in Chapter 110	Florida Statutos 14	urther certific	that the info	ormation	
11. I hereby certify that the information supplied with indicated on this report is true and accurate and limited liability company or the seceiver or trustee	that my signature shall have empowered to execute this	the same	e legal effect as if n	nade under oat ter 608. Florida	h; that I am a mana Statutes	ging member	r or manage	er of the	
arrilled liebling company of the pecesses of flustes	Compositor de la execute trits	J. Or C.		.s. 555. i ionda	[]]	1/20	70-	1000	
SIGNATURE: 11/0/ 4/5:405:4800									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Desyline Phone 4									