

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054324

FILED
Mar 12, 2009
Secretary of State

Entity Name: SCE MANAGEMENT LLC

Current Principal Place of Business:

400 N. ANDREWS AVENUE
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

400 N. ANDREWS AVENUE
300
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 20-1392768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUTH, THOMAS M
400 N. ANDREWS AVENUE
300
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELLIS, JAMES F
Address: 400 N. ANDREWS AVENUE, SUITE 300
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: BLUTH, THOMAS M
Address: 400 N. ANDREWS AVENUE, SUITE 300
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: V (X) Delete
Name: BLAKE, ROBERT K
Address: 400 N. ANDREWS AVENUE, SUITE 300
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS M. BLUTH

MGRM

03/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date