

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058696

FILED
Jul 09, 2007
Secretary of State

Entity Name: SCARLET REAL ESTATE HOLDINGS, LLC

Current Principal Place of Business:

2060 N.W. BOCA RATON BOULEVARD, SUITE 6
C/O BERT R. OLIVER, P.A.
BOCA RATON, FL 3343

New Principal Place of Business:

Current Mailing Address:

2060 N.W. BOCA RATON BOULEVARD, SUITE 6
C/O BERT R. OLIVER, P.A.
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OLIVER, BERT R
2060 N.W. BOCA RATON BOULEVARD, SUITE 6
C/O BERT R. OLIVER, P.A.
BOCA RATON, FL 33431 US

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: MGR () Delete
Name: MOHAMMED, ASHMEED
Address: 392-394 CEDAR HILL ROAD
City-St-Zip: CLAXTON BAY, TT WI

Title: MGR () Delete
Name: MOHAMMED, KAMEEL
Address: 392-394 CEDAR HILL ROAD
City-St-Zip: CLAXTON BAY, TT WI

ADDITIONS/CHANGES:

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: ASHMEED MOHAMMED

MGR

07/09/2007

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