2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000064266

1. Entity Name
SCS, LLC

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD STE. 603 CORAL GABLES, FL 33134	901 PONCE DE LEON BLVD STE. 603 CORAL GABLES, FL 33134

03222005   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number APPLIED FOR   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALBORNOZ, WILLIAM H 901 PONCE DE LEON BLVD STE. 603 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____

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

Filing Fee Is $50.00 **Due by May 1, 2005**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES

TITLE	MGR	☐ Delete	TITLE ☐ Change ☐ Addition
NAME	HENAO, LUIS		NAME
STREET ADDRESS	901 PONCE DE LEON BLVD STE. 603		STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP
TITLE	MGR	☐ Delete	TITLE ☐ Change ☐ Addition
NAME	OSORNO, JUAN		NAME
STREET ADDRESS	901 PONCE DE LEON BLVD STE. 603		STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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 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: _____   4/28/05   (305) 444-1741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #