

09-08-2005 90013 005 \*\*\*\*50.00  
L04000066119

## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000066119</b>					
1. Entity Name SSC ENTERPRISES, LLC					
Principal Place of Business 638 NORTH FERDON BOULEVARD CRESTVIEW, FL 32536 US			Mailing Address PO BOX 729 CRESTVIEW, FL 32536 US		
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <i>20-1594234</i>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPEARS, FREDDIE D 638 NORTH FERDON BOULEVARD CRESTVIEW, FL 32536				7. Name and Address of New Registered Agent 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 <i>Freddie D. Spears</i> DATE <i>9/1/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Managing member Freddie D. Spears 638 N. Ferdon Blvd., Sk. 2 Crestview, FL 32536</i>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Freddie D. Spears</i> DATE: <i>9/1/05</i> (850) 682-3008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					