## \*2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L04000075513** 

1. Entity Name ST. CLOUD SQUARE, L.L.C.



FILED Jan 22, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4039-4077 13TH STREET ST. CLOUD, FL 34769 8009 CREFELD STREET PHILADELPHIA, PA 19118



01142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1854006 Applied For Not Applicab

5.- Certificate of Status Desired

- \$5.00 Additional-

6. Name and Address of Current Registered Agent

ROUSSO, MARK ESQ. 18851 N.E. 29TH AVE. SUITE 900 AVENTURA, FL 33180

the obligations of registered agent

## DO NOT WRITE IN THIS SPACE

SIGNATURE	Dra-tlet	1/15/07
	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, 2007		U00000598570 01/24/07-80081-008 <b>5</b> 0.00
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCSF CORP 8009 CREFELD STREET PHILADELPHIA, PA 19118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		The second secon
NAME STREET ADDRESS CITY-ST-ZIP		

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

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.