


FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90103 010 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000089680			
1. Entity Name SCS2 FLORIDA, L.L.C.			
Principal Place of Business 4039-4077 13TH STREET ST. CLOUD, FL 34769		Mailing Address 8009 CREFELD STREET PHILADELPHIA, PA 19118	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>c/o Alexon Properties</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>PO Box 27404</i>	
City & State		City & State <i>Philadelphia PA</i>	
Zip	Country	Zip	Country
		<i>19118</i>	<i>USA</i>
02222008		Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-1983454		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALEXANIAN, ANNABELLE 3440 S. OCEAN BLVD 204 N PALM BEACH, FL 33480		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEXANIAN, ANNABELLE 8009 CREFELD STREET PHILADELPHIA, PA 19118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: <i>Ann Alexanian</i>		2/22/08 215 287 5290	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	