


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # L05000000094	
1. Entity Name SCOTT, SCOTT & BEGUE, L.L.C.	

Principal Place of Business 1224 E. MADISON STREET TAMPA, FL 33602	Mailing Address 1224 E. MADISON STREET TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2328354	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCOTT, BRUCE
1224 EAST MADISON STREET
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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 B. E. Scott **B. E. SCOTT** **1-09-06**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

Bruce you need to sign

9. MANAGING MEMBER	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, BRUCE 1224 E. MADISON ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTT, MARK 1224 E. MADISON STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEGUE, MICHELLE 1224 E. MADISON STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/16/07-80006-009 55.00

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: B. E. Scott **B. E. SCOTT** **1-08-07** **229-1176**

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