


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90081 005 ***150.00

DOCUMENT # L05000008320	
1. Entity Name SC PROPERTY HOLDINGS, LLC	

Principal Place of Business 5143 COMMERCIAL WAY SPRING HILL, FL 34606	Mailing Address 5143 COMMERCIAL WAY SPRING HILL, FL 34606
---	---

2. Principal Place of Business 1211 N. WESTSHORE BLVD. Suite, Apt. #, etc. 715 City & State TAMPA, FL Zip 33607	3. Mailing Address 1211 NORTH WESTSHORE BLVD. Suite, Apt. #, etc. 715 City & State TAMPA, FL Zip 33607
--	---

04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2229167	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

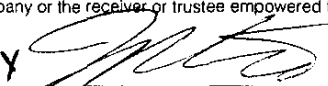
6. Name and Address of Current Registered Agent KIERZYNSKI, MICHAEL J 5143 COMMERCIAL WAY SPRING HILL, FL 34606	7. Name and Address of New Registered Agent Name STINE, JAMES Street Address (P.O. Box Number is Not Acceptable) 1211 NORTH WESTSHORE BLVD. 715 City TAMPA FL Zip Code 33607
--	--

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 X 4/25/06

**Filing Fee is \$50.00.
Due by May 1, 2006.**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DK PROPERTY HOLDINGS, INC. 5348 VEGAS DRIVE LAS VEGAS, NV 89108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. STINE, JAMES 1211 NORTH WESTSHORE BLVD. TAMPA, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE X 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	