

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000008320

1. Entity Name
SC PROPERTY HOLDINGS, LLC



Principal Place of Business

1211 NORTH WESTSHORE BOULEVARD
SUITE 715
TAMPA, FL 33607 US

Mailing Address

1211 NORTH WESTSHORE BOULEVARD
SUITE 715
TAMPA, FL 33607 US



01172007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2229167

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STINE, JAMES
1211 NORTH WESTSHORE BOULEVARD
SUITE 715
TAMPA, FL 33607

**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

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**

000000607633
01/31/07-80045-017 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------------------|
| TITLE | MGR |
| NAME | STINE, JAMES |
| STREET ADDRESS | 1211 NORTH WESTSHORE BOULEVARD |
| CITY- ST- ZIP | TAMPA, FL 33607 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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IN THIS SPACE**

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: JAMES STINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #