
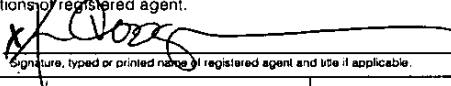



2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000008320 1. Entity Name SC PROPERTY HOLDINGS, LLC					
Principal Place of Business 1211 NORTH WESTSHORE BOULEVARD STE 511 TAMPA, FL 33607 US			Mailing Address 1211 NORTH WESTSHORE BOULEVARD STE 511 TAMPA, FL 33607 US		
2. Principal Place of Business - No P.O. Box # 12709 RIDGE VIEW CT.		3. Mailing Address 12709 RIDGE VIEW CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DADE CITY, FL		City & State DADE CITY, FL		4. FEI Number 20-2229167	
Zip 33525		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STINE, JAMES 1211 NORTH WESTSHORE BOULEVARD STE 511 TAMPA, FL 33607			7. Name and Address of New Registered Agent Name COOGAN, KEVIN M. Street Address (P.O. Box Number is Not Acceptable) 12709 RIDGE VIEW CT. City DADE CITY FL Zip Code 33525		
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 8/28/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIERZYNSKI, MICHAEL J 1121 N WESTSHORE BLVD STE 511 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COOGAN, KEVIN M. 12709 RIDGE VIEW CT. DADE CITY, FL 33525	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: 			KEVIN M. COOGAN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 8/28/07 Daytime Phone #		