

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013440

FILED
Jul 01, 2006
Secretary of State

Entity Name: SCOTCUBE LLC

Current Principal Place of Business:

5169 BERKELEY DR
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

5169 BERKELEY DR
NAPLES, FL 34112

New Mailing Address:

FEI Number: 59-3799383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BLANCO, EDWIN
5169 BERKELEY DRIVE
NAPLES, FL 34112 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLANCO, VALERIE
Address: 5169 BERKELEY DR
City-St-Zip: NAPLES, FL 34112

Title: MGRM () Delete
Name: FELT, MAUREEN
Address: 3855 GROTON COURT
City-St-Zip: NAPLES, FL 34112

Title: MGRM () Delete
Name: BLANCO, EDWIN
Address: 5169 BERKELEY DR
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: FETT, MAUREEN
Address: 3855 GROTON COURT
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VALERIE BLANCO

MGR

07/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date