

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED


1. Mar 01, 2007 8:00 am  
Secretary of State

01-19-2007 90061 010 \*\*\*\*50.00

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01092007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000017781</b>					
1. Entity Name <b>S &amp; C DEVELOPMENT, LLC</b>					
Principal Place of Business <b>C/O SAMUEL BENSON 174 W COMSTOCK AVE SUITE 115 WINTER PARK, FL 37289</b>			Mailing Address <b>C/O SAMUEL BENSON 174 W COMSTOCK AVE SUITE 115 WINTER PARK, FL 37289</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>APPLIED FOR 203763854</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent <b>BENSON, SAMUEL 174 W COMSTOCK AVE SUITE 115 WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BENSON, SAMUEL 174 W COMSTOCK AVE SUITE 115 WINTER PARK, FL 37289	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 1/3/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					