

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019710

FILED
Apr 25, 2006
Secretary of State

Entity Name: SCS REAL ESTATE HOLDINGS, LLC

Current Principal Place of Business:

11555 HERON BAY BLVD.
SUITE 200
CORAL SPRINGS, FL 33076 US

New Principal Place of Business:

Current Mailing Address:

11555 HERON BAY BLVD.
SUITE 200
CORAL SPRINGS, FL 33076 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLACK & BLOOM, LLC
11555 HERON BAY BLVD.
SUITE 200
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: BLOOM, ERIK
Address: 11555 HERON BAY BLVD., #200
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: MGRM () Delete
Name: POLLACK, MARC
Address: 11555 HERON BAY BLVD., #200
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: MGRM () Delete
Name: POLLACK, SAMUEL
Address: 11555 HERON BAY BLVD., #200
City-St-Zip: CORAL SPRINGS, FL 33076 US

ADDITIONS/CHANGES:

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

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

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: ERIK BLOOM

MGRM

04/25/2006

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