

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1 **FILED**
Jun 19, 2006 8:00 am
Secretary of State

05-05-2006 90029 009 ****50.00

DOCUMENT # L05000036940

1. Entity Name
SCS NEW IDEAS LLC



Principal Place of Business
**4948 LAHAINA DRIVE
SARASOTA, FL 34232**

Mailing Address
**4948 LAHAINA DRIVE
SARASOTA, FL 34232**

30010700



2. Principal Place of Business

1185 VILLAGE CR.

Suite, Apt. #, etc.

105

City & State

SARASOTA FL

Zip

34237

Country

SAKASOTA

3. Mailing Address

426 LITTLE COVE DR

Suite, Apt. #, etc.

City & State

DAVIDRIDGE T.N.

Zip

37725

Country

JEFFERSON

04282006

Chg-LLC

CR2E083 (11/05)

4. FFI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MICHAEL, STEPHEN A
4948 LAHAINA DRIVE
SARASOTA, FL 34232**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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]

4-28-06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete
NAME **MICHAEL, STEPHEN A**
STREET ADDRESS **4948 LAHAINA DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **MICHAEL, STEPHEN A**
STREET ADDRESS **1185 VILLAGE CR. Suite 105**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **MGRM** ☐ Delete
NAME **MICHAEL, FLORENCE A**
STREET ADDRESS **3102 TEAL ST**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **COUNCIL BARRY** ☐ Change ☐ Addition
NAME **3402 AUSTIN ST**
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **MICHAEL, MARIA D**
STREET ADDRESS **4948 LAHAINA DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **COUNCIL BARRY**
STREET ADDRESS **3402 AUSTIN ST**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **MGRM** ☒ Delete
NAME **PINO, ENRIQUE**
STREET ADDRESS **1771 23RD STREET**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **PINO, ENRIQUE**
STREET ADDRESS **1185 VILLAGE CR. AP. 105**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

4-28-06

941-323-5790

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

Date

Daytime Phone #