## FILED Mar 20, 2008 8:00 am Secretary of State 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT** DOCUMENT # L05000055154 03-20-2008 90178 007 \*\*\*138.75 1. Entity Name SCG BAYWOOD, LLC Principal Place of Business Mailing Address PECOTON 1240 MARBELLA PLAZA DRIVE 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619 TAMPA. FL 33619 02142008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2970932 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THORN, REBECCA G DO NOT WRITE 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGR TITLE NAME VAUGHAN, DAVID R STREET ADDRESS 1240 MARBELLA PLAZA DRIVE

STREET ADDRESS
CITY-ST-ZIP
TAMPA, FL 33619

IFILE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true end 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 fiability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: //hll

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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

Date

Daytime Phone #