


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000060478 1. Entity Name SCOKAJO GREENWOOD LLC	
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Principal Place of Business 1045 LAKE CLARKE DRIVE WEST PALM BEACH, FL 33406	Mailing Address 1045 LAKE CLARKE DRIVE WEST PALM BEACH, FL 33406
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07092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3018176	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LEITH, KATHLEEN S 1045 LAKE CLARKE DR WEST PALM BEACH, FL 33406
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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 <u>Kathleen S. Leith</u> (NOTE: Registered Agent signature required when reappointing) 7/9/07 DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEITH, KATHLEEN 1045 LAKE CLARKE DRIVE WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEITH, SCOTT 1045 LAKE CLARKE DRIVE WEST PALM BEACH, FL 33406
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U00000768716 07/13/07-80009-008 50.00 DO NOT WRITE IN THIS SPACE

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: <u>Kathleen S. Leith</u> Kathleen S. Leith 7/9/07 561-434-8669 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
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