2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2007
Secretary of State

DOCUMENT# L05000075584

Entity Name: SCARBOROUGH MANAGEMENT, LLC

Current Principal Place of Business:

8120 4TH STREET N.
SUITE 1
ST. PETERSBURG, FL 33702 US

New Principal Place of Business:

431 85TH AVENUE N.
ST. PETERSBURG, FL 33702 US

Current Mailing Address:

8120 4TH STREET N.
SUITE 1
ST. PETERSBURG, FL 33702 US

New Mailing Address:

431 85TH AVENUE N.
ST. PETERSBURG, FL 33702 US

FEI Number: 41-2181644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUTLER, RICHARD
8120 4TH STREET N.
SUITE 1
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

BUTLER, RICHARD
431 85TH AVENUE N.
ST. PETERSBURG, FL 33702 US

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: RICHARD BUTLER 06/13/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BUTLER, RICHARD
Address: 8120 4TH STREET N., SUITE 1
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BUTLER, RICHARD
Address: 431 85TH AVENUE N.
City-St-Zip: ST. PETERSBURG, FL 33702

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD BUTLER MGRM 06/13/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date