

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077700

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: SCG CAPITAL LEASING, L.L.C.

**Current Principal Place of Business:**

612 S. PINEAPPLE AVENUE  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

173 HUBBARD AVE  
STAMFORD, CT 06905

**New Mailing Address:**

FEI Number: 20-3207527      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:**

**Name and Address of New Registered Agent:**

GOICHMAN, JENNIFER  
612 S. PINEAPPLE AVENUE  
SARASOTA, FL 34236      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: GOICHMAN, JENNIFER  
Address: 612 S. PINEAPPLE AVENUE  
City-St-Zip: SARASOTA, FL 34236

Title: MGR      ( ) Delete  
Name: GOICHMAN, SAM  
Address: 173 HUBBARD AVE  
City-St-Zip: STAMFORD, CT 06905

**ADDITIONS/CHANGES:**

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 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: SAM GOICHMAN

MGR

06/15/2009

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