2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State
05-01-2006 90038 047 ****50.00

DOCUMENT # L05000092491

1. Entity Name
SCP SAWGRASS, LLC

Principal Place of Business	Mailing Address
300 SE 2ND STREET FORT LAUDERDALE, FL 33301	300 SE 2ND STREET FORT LAUDERDALE, FL 33301

30000524

01052006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-2844891 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAGG, K. LAWRENCE
200 S BISCAYNE BOULEVARD STE 4900
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: PATRICIA JONES
Street Address (P.O. Box Number is Not Acceptable): c/o Stiles Corporation
300 SE 2nd Street
City: Fort Lauderdale, FL Zip Code: 33301

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] PATRICIA JONES
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Change ☒ Addition Stiles Capital Partners I, Ltd. 300 SE 2nd Street Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] Terry W. Stiles 1/30/06 954-627-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

30009524

STILES
CAPITAL GROUP

NATIONAL DEVELOPER OF THE YEAR
naiop

300 S.E. 2nd Street
Ft. Lauderdale, Florida 33301
954.627.9350
954.627.9399 Fax
stiles.com
stiles@stiles.com

May 30, 2006

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

DIVISION OF CORPORATIONS
P. O. Box 6478
Tallahassee, Florida 32314

Re: SCP SAWGRASS, LLC – L05000092491

Dear Sir/Madame:

We are enclosing herewith the 2006 Limited Liability Company Annual Report for the above-referenced entity that now contains the signature of the new registered agent. I am also enclosing a copy of your department's transmittal letter requesting this correction.

If you have any questions at this time, please feel free to contact me at (954) 627-9156.

Sincerely,

STILES CORPORATION

Judy Sherman
Closing Coordinator

Enclosures