

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

DOCUMENT # L05000108293

1. Entity Name

SOUTH CAROLINA PROPERTY PARTNERS LLC



Principal Place of Business

2800 PONCE DE LEON BLVD., SUITE 1125  
MIAMI FL 33134

Mailing Address

2800 PONCE DE LEON BLVD., SUITE 1125  
MIAMI FL 33134

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

20-3754805

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEIF, EVAN D  
2800 PONCE DE LEON BLVD., SUITE 1125  
MIAMI FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when restating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State.  
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

|  |                                 |  |   |  |
|--|---------------------------------|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Manager<br>Wayne E. Chaplin<br>1600 NW 163rd St<br>Miami, Fla 33169 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Manager<br>Steven R. Becker<br>1600 NW 163rd St<br>Miami, Fla 33169 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Wayne E. Chaplin 3/27/06 (305) 627-1214

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

Date

Daytime Phone #



1st MOORE CR2E083 (10/05)

05-03-2006 90038 042 \*\*\*\*50.00