2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

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

DOCUMENT # L05000108293

1. Enlity Name

SOUTH CAROLINA PROPERTY PARTNERS LLC



FILED May 03, 2007 08:00 A Secretary of State

Dayume Phone #



Principal Place of Business		Mailing Address	Mailing Address							
2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI FL 33134		2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI FL 33134								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			- - -	I P er ecult dii note s niiii no	 	JUGS FM 14M 11M1M 1M1M	JB 881 1891	
Suite, Apt. #, cfc.		Suite, Apt. #, ctc.			1st MOORE CR2E083 (10/06)					
City & State		City & State			4. FEI Nun	4. FEI Number 20-3754805			Applied For	
Zip	Country	Zıp Coun		ry	5. Certificate of Status Desired		ed 🗌	\$5.00 Additional		
	6. Name and Address of Current I	gistered Agent			7. Name a	nd Address of N	ew Registered	·		
			_							
280	F, EVAN D 00 PONCE DE LEON BLVD., NMI FL 33134	SUITE 1125	•	Street Address (P.O. Box Number is Not Acceptable)						
1911/-	(WII 1 E 33134									
				City	····		F	Zıp Co	ıde	
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 a	Agent signature require	d when reinstating)		DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007										
9.	,MANAGING MEMBER	RS/MANAGERS	10.	· · · · · · · · · · · · · · · · · · ·	. 17. 11.	ADDITIC	NS/CHANGE	<u> </u>		
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NAME	CHAPLIN, WAYNE		NAME			1.07	ბიიიითლიი	_ ,	_	
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NAME	BECKER, STEVEN R		NAME							
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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 momber or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608 Florida Statutes.										