

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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



02202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CHAPLIN, WAYNE
STREET ADDRESS	1600 NW 163RD ST
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	MGR
NAME	BECKER, STEVEN R
STREET ADDRESS	1600 NW 163RD ST
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

Steven R. Becker 2/21/08 305-625-4171

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

Date

Daytime Phone #