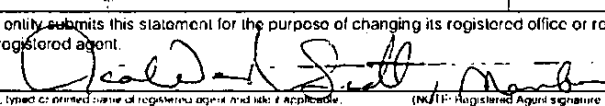
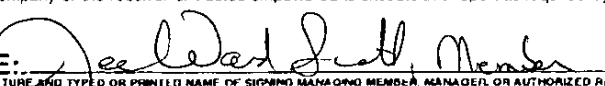


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90358 011 \*\*\*\*55.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                                                        |                                                                                                                                      |                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000114146</b><br>1. Entity Name<br><b>SLC, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                                        |                                                                                                                                      |                  |  |
| Principal Place of Business<br><b>399 PALOMA AVE.<br/>BOCA RATON FL 33486<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 |                                                        | Mailing Address<br><b>399 PALOMA AVE.<br/>BOCA RATON FL 33486<br/>US</b>                                                             |                                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.          |                                                                                                                                      |                                                                                                   |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 | City & State<br><br>Zip      Country                   |                                                                                                                                      | 4. FEI Number<br><b>NO-T APPLICABLE</b>                                                           |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 | Applied For<br><input type="checkbox"/> Not Applicable |                                                                                                                                      |                                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SCOTT, JEAN W<br/>399 PALOMA AVE.<br/>BOCA RATON FL 33486</b>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 |                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE:  DATE: _____<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                                                                 |                                                        |                                                                                                                                      |                                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                                                        |                                                                                                                                      |                                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 |                                                        | 10. ADDITIONS/CHANGES                                                                                                                |                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>SCOTT, JEAN W<br>399 PALOMA AVE.<br>BOCA RATON FL 33486 |                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                       | <input type="checkbox"/> Delete <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                                 |  |
| 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                                 |  |
| 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                                 |  |
| 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:  <b>5/7/07 861-620-3815</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                        |                                                                 |                                                        |                                                                                                                                      |                                                                                                   |  |

*Jean Ward Scott, Member*