
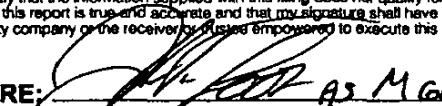


**FILED**  
**Jun 07, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90029 023 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L06000006937</b> 1. Entity Name <b>SCOTLAND HOLDINGS, LLC</b>					
Principal Place of Business <b>1815 CORDOVA RD., #210          FT LAUDERDALE, FL 33316</b>		Mailing Address <b>1815 CORDOVA RD., #210          FT LAUDERDALE, FL 33316</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-5061502</b>	
<input type="checkbox"/>		<input type="checkbox"/>		Applied For Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/>	
\$5.00 Additional Fee Required				04162007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>LOOS, JOHN T JR.          1815 CORDOVA RD., #210          FT LAUDERDALE, FL 33316</b>			7. Name and Address of New Registered Agent  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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00          Due by May 1, 2007</b>		<b>Make check payable to          Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>LOOS, JOHN T JR.          1815 CORDOVA RD., #210          FT LAUDERDALE, FL 33316</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 has been empowered to execute this report as required by Chapter 606, Florida Statutes.					
<b>SIGNATURE:</b>  AS MGR.					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					