

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075777

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: SCOTT MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

4465 OAK TERRACE DR.  
GREEN ACRES, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

4465 OAK TERRACE DR.  
GREEN ACRES, FL 33463

**New Mailing Address:**

6542 HYPOLUXO RD.  
LAKE WORTH, FL 33467

FEI Number: 20-0566512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCOTT, DENISE  
4465 OAK TERRACE DR.  
GREEN ACRES, FL 33463 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCOTT, DORIS  
Address: 8531 LOGIA CIRCLE  
City-St-Zip: BOYNTON BEACH, FL

Title: MGRM ( ) Delete  
Name: SCOTT, DOMENICA  
Address: 4465 OAK TERRACE DR.  
City-St-Zip: GREEN ACRES, FL 33463

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SCOTT, DORIS  
Address: 8531 LOGIA CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGRM (X) Change ( ) Addition  
Name: SCOTT, DOMINICA  
Address: 4465 OAK TERRACE DR.  
City-St-Zip: GREEN ACRES, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DORIS SCOTT

MGR

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date