


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90091 036 \*\*\*144.00

<b>DOCUMENT # L06000096659</b> 1. Entity Name S.C.I. CLUB, LLC	
--	---

Principal Place of Business 8206 NW 100TH WAY TAMARAC, FL 33321 US	Mailing Address 8206 NW 100TH WAY TAMARAC, FL 33321 US
--	--

**DO NOT WRITE IN THIS SPACE**

60004729



01242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5678690	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BUSSIE, SHIRLEY  
8206 NW 100TH WAY  
TAMARAC, FL 33321

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSSIE, SHIRLEY 8206 NW 100TH WAY TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSON, TRUDY 8206 NW 100TH WAY TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Shirley Bussie - Shirley Bussie 01-28-08 954-597-7744  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date of Filing