


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L07000Q07497</b> 1. Entity Name <b>SCOTT, LARSCHAN &amp; ASSOCIATES, LLC</b>	
--	---

**FILED**  
**Aug 27, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>1575 INDIAN RIVER BLVD., C120                  VERO BEACH, FL 32960</b>	Mailing Address <b>1575 INDIAN RIVER BLVD., C120                  VERO BEACH, FL 32960</b>
---	---



08252008 No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>20-8998821</b>	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**

**KIRK, WILLIAM N ESQ  
 979 BEACHLAND BLVD.  
 VERO BEACH, FL 32963**

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]*      **08/27/08-80001-002 543.75**

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$538.75  
 Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	SCOTT, MARK B
STREET ADDRESS	1555 INDIAN RIVER BLVD.
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	MGR
NAME	LARSCHAN, ROBERT
STREET ADDRESS	1555 INDIAN RIVER BLVD.
CITY-ST-ZIP	VERO BEACH, FL 32963
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:** *[Signature]*      **08/27/08**      **8/27/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #