

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90126 031 \*\*\*138.75

<b>DOCUMENT # L07000009253</b>			
<b>1. Entity Name</b> SC&J II, LLC		<b>Principal Place of Business</b> 17626 MIDDLEBROOK WAY BOCA RATON, FL 33496 FL	
<b>Mailing Address</b> 17626 MIDDLEBROOK WAY BOCA RATON, FL 33496 FL		<b>2. Principal Place of Business - No P.O. Box #</b> 6560 WEST ROGERS CIRCLE Suite, Apt. #, etc. B-26	
<b>3. Mailing Address</b> 6560 WEST ROGERS CIRCLE Suite, Apt. #, etc. B-26		<b>4. FEI Number</b> 20-8305302	
<b>City &amp; State</b> BOCA RATON, FL		<b>City &amp; State</b> BOCA RATON, FL	
<b>Zip</b> 33487		<b>Country</b> PALM BCH	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b> HOFFMAN, LEVY, BENGIO & GARBER, PL 2320 HOLLYWOOD BLVD HOLLYWOOD, FL 33020		<b>7. Name and Address of New Registered Agent</b> Name: MOSHE FARACHE Street Address (P.O. Box Number is Not Acceptable): 6560 WEST ROGERS CIRCLE B-26 City: BOCA RATON FL Zip Code: 33487	
<b>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.</b> SIGNATURE: _____ DATE: 1-15-2008 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> FARACHE, MOSHE 17626 MIDDLEBROOK WAY BOCA RATON, FL 33496	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> FARACHE, LISA 17626 MIDDLEBROOK WAY BOCA RATON, FL 33496	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> _____		Date: 1-15-08 Daytime Phone #: 561-999-0949	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			