


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90151 021 ****50.00

DOCUMENT # L99000002342

1. Entity Name
SCM PROPERTIES, L.L.C.



Principal Place of Business
**7995-B PRESERVE CIRCLE
 NAPLES, FL 34119**

Mailing Address
**7995-B PRESERVE CIRCLE
 NAPLES, FL 34119**

24064530

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

02202004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0924264 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CONROY, J. THOMAS III
 2640 GOLDEN GATE PKWY SUITE 115
 NAPLES, FL 34105**

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 _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

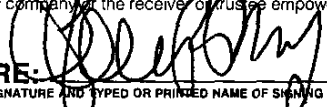
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	POTESTIO, FRANK P JR.	
STREET ADDRESS	7995-B PRESERVE CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FINKELSTEIN, EDWARD S TRUSTEE	
STREET ADDRESS	17842 ARGYLL TERRACE	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	CONROY, J. THOMAS III	
STREET ADDRESS	2640 GOLDEN GATE PKWY, SUITE 115	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Frank Potestio Jr/Partner** **3-26-04** **(239) 593-9643**

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