


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2006 08:00 AM
Secretary of State

| | | | |
|--|--------------------------------------|--|---|
| 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 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 4. FEI Number 65-0924264 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied | |
| | | 1st MOORE CR2E083 (10/05) \$5.00 Additional Fee Required | |
| 5. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CONROY, J. THOMAS III 2640 GOLDEN GATE PKWY SUITE 115 NAPLES FL 34105 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |
| 6. 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 _____ | | DATE _____ | |
| Signature: Types or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when reinstating) | |
| | | FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POTESTIO, FRANK P JR. | NAME | |
| STREET ADDRESS | 7995-B PRESERVE CIRCLE | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34119 | CITY-ST-ZIP | U00000541091 05/10/06-80043-014 50.00 |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FINKELSTEIN, EDWARD S TRUSTEE | NAME | |
| STREET ADDRESS | 17842 ARGYLL TERRACE | STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.

SIGNATURE: 