

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

05-27-2004 90331 002 \*\*\*\*50.00

<b>DOCUMENT # M01000000059</b>					
<b>1. Entity Name</b> SC REALTY, LLC					
<b>Principal Place of Business</b> 420 NO 20TH ST 33RD FL SOUTHWEST TOWER BIRMINGHAM, AL 35203			<b>Mailing Address</b> 420 NO 20TH ST. MAIL CODE: A-001-TW 3304 BIRMINGHAM, AL 35203		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03192003    Chg-LLC    CR2E083 (10/03)	
Zip		Country		<b>4. FEI Number</b> 63-1268732	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL    Zip Code	
<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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to 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	MGR EUBANKS, R. GLENN 420 NO.20TH ST SOUTHTRUST TOWER BIRMINGHAM, AL 35203	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRP DURLACHER, WAYNE 420 NO 20TH ST SOUTHTRUST TOWER BIRMINGHAM, AL 35203	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, S. ANDREW 420 NO 20TH ST SOUTHTRUST TOWER BIRMINGHAM, AL 35203	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR CRUM, FRED C JR 420 NO 20TH ST SOUTHTRUST TOWER BIRMINGHAM, AL 35203	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, S. Andrew 171 17th St NW Atlanta, GA 30363	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR CRUM, FRED C. JR. 171 17th St NW Atlanta, GA 30363	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRP MILAM, Robert E. JR. 420 NO. 20th St Birmingham, AL 35203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, S. Andrew 171 17th St NW Atlanta, GA 30363	<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 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.</b>					
<b>SIGNATURE:</b> <i>Terri Odom - VP/sec</i> <i>5/25/04</i> <i>205-254-5790</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					