


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**


04-24-2006 90038 035 \*\*\*\*50.00

<b>DOCUMENT # M02000002136</b> 1. Entity Name <b>SCANNELL PROPERTIES #21, LLC</b>	
---	---

Principal Place of Business 11711 N. PENNSYLVANIA, SUITE 100 CARMEL, IN 46032	Mailing Address 11711 N. PENNSYLVANIA, SUITE 100 CARMEL, IN 46032
---	---

2. Principal Place of Business <b>800 E. 96th Street</b> Suite, Apt. #, etc. <b>Suite 175</b>	3. Mailing Address <b>800 E. 96th Street</b> Suite, Apt. #, etc. <b>Suite 175</b>
--	--

City & State <b>Indianapolis, IN 46240</b>	City & State <b>Indianapolis, IN 46240</b>		
Zip <b>46240</b>	Country <b>MARTION</b>	Zip <b>46240</b>	Country <b>Marion</b>



03312006    Chg-LLC    CR2E083 (11/05)

4. FEI Number <b>35-2111657</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code
---	--

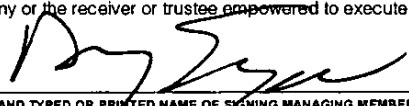
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCANNELL, ROBERT J	NAME	
STREET ADDRESS	11711 N. PENNSYLVANIA, SUITE 100	STREET ADDRESS	800 E. 96th Street, Suite 175
CITY-ST-ZIP	CARMEL, IN 46032	CITY-ST-ZIP	Indianapolis, Indiana 46240
TITLE	MGR	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, DOUGLAS L	NAME	
STREET ADDRESS	11711 N. PENNSYLVANIA, SUITE 100	STREET ADDRESS	800 E. 96th Street, Suite 175
CITY-ST-ZIP	CARMEL, IN 46032	CITY-ST-ZIP	Indianapolis, Indiana 46240
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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 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:**  4/17/06 (317) 843-5959

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