


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # M02000002136 1. Entity Name SCANNELL PROPERTIES #21, LLC	
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Principal Place of Business 11711 N. PENNSYLVANIA, SUITE 100 CARMEL, IN 46032	Mailing Address 11711 N. PENNSYLVANIA, SUITE 100 CARMEL, IN 46032
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2. Principal Place of Business 800 E. 96th Street Suite, Apt. #, etc. Suite 175	3. Mailing Address 800 E. 96th Street Suite, Apt. #, etc. Suite 175
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City & State Indianapolis, IN 46240	City & State Indianapolis, IN 46240		
Zip 46240	Country MARTON	Zip 46240	Country Marion



03312006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2006		Make check payable to Florida Department of State
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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	
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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 #