2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000002622

1. Entity Name SCP 2005C-C20-010 LLC



FILED Jan 17, 2007 08:00 AM Secretary of State

Principal Place of Business 3 CYPRESS RUN #33C HOMOSASSA, FL 34446 Mailing Address P.O. BOX 3179 HOMOSASSA SPRINGS, FL 34447



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 74-3067179	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

352-382-7138

1-10-07

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

the obligations of registered agent.

SIGNATI IDE

DO NOT WRITE IN THIS SPACE

OIGHA TOTIL	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Regetered Agont signature required when reinstiting)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PREMIERE WINTER PARK, LLC 3 CYPRESS RUN #33C HOMOSASSA, FL 34446		U00000589170 01/18/07-80006-007 150.00
TRILE NAME STREET ADDRESS CITY-ST-ZIP			,
TITLE NAME - STREET ADORESS CITY-SI-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby Indicated limited lia	certify that the information supplied with this filling does not on this report is true and accurate and that my signature ability company or the receives or trustee/empowered to ex	qualify for the exemptions contained in Chapter 1 shall have the same legal effect as if made under decute this report as required by Chapter 608. Flori	19, Florida Statutes. I further certify that the information bath; that I am a managing member or manager of the da Statutes.

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