2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# M04000001007

Entity Name: SCPLANTATION CB MGMT, LLC

Current Principal Place of Business:

31 RAVENWOOD DR.
WALNUT CREEK, CA 94597

New Principal Place of Business:

84 VIA FLORESTA DRIVE
BOCA RATON, FL 33487

Current Mailing Address:

31 RAVENWOOD DR.
WALNUT CREEK, CA 94597

New Mailing Address:

84 VIA FLORESTA DRIVE
BOCA RATON, FL 33487

FEI Number: 56-9501876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BLVD, STE 501
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LEHMANN, CHARLES
Address: 31 RAVENWOOD DR.
City-St-Zip: WALNUT CREEK, CA 94597

Title: MGR ( ) Delete
Name: LEHMANN, BARBARA
Address: 31 RAVENWOOD DR.
City-St-Zip: WALNUT CREEK, CA 94597

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LEHMANN, CHARLES
Address: 84 VIA FLORESTA DRIVE
City-St-Zip: BOCA RATON, FL 33487

Title: MGR (X) Change ( ) Addition
Name: LEHMANN, BARBARA
Address: 84 VIA FLORESTA DRIVE
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES J LEHMANN MGR 04/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date