


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
Feb 22, 2007 08:00 AM  
Secretary of State

FL FILING

<b>DOCUMENT # M04000003978</b> 1. Entity Name <b>SCOTT PROPERTIES RETAIL GROUP, LLC</b>	
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Principal Place of Business 125 W. GRIGGS AVENUE LAS CRUCES NM 88001	Mailing Address 125 W. GRIGGS AVENUE LAS CRUCES NM 88001
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE      CR2E083 (10/06)

4. FEI Number <b>75-3167886</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**FLORIDA FILING & SEARCH SERVICES, INC.**  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE FL 32301

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Florida Department of State  
 Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		Delete
TITLE	<b>MGR</b>	<input type="checkbox"/>
NAME	<b>LOPEZ, EDGAR</b>	
STREET ADDRESS	<b>125 W. GRIGGS AVENUE</b>	
CITY-ST-ZIP	<b>LAS CRUCES NM 88001</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/>
NAME	<b>SCOTT, PHILIP L.B.</b>	
STREET ADDRESS	<b>125 W. GRIGGS AVENUE</b>	
CITY-ST-ZIP	<b>LAS CRUCES NM 88001</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		Change	Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

L000000645282  
03/02/07-80078-003 250.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Edgar Lopez*      Date: 1/30/07      Daytime Phone #: 505-5247756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE