2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006
Secretary of State

DOCUMENT# M05000003214

Entity Name: SCSF HOME PRODUCTS, LLC

Current Principal Place of Business:

5200 TOWN CENTER CIRCLE, SUITE 470
BOCA RATON, FL 33466

New Principal Place of Business:

Current Mailing Address:

5200 TOWN CENTER CIRCLE, SUITE 470
BOCA RATON, FL 33466

New Mailing Address:

FEI Number: 20-2978626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM ( ) Delete
Name: SUN CAPITAL SECURITI, ES FUND, LP
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33466

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
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Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SUN CAPITAL SECURITI, ES FUND, LP
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: CEOT ( ) Change (X) Addition
Name: LEDER, MARC J
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: CEOS ( ) Change (X) Addition
Name: KROUSE, RODGER R
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VP ( ) Change (X) Addition
Name: CALHOUN, KEVIN
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VP ( ) Change (X) Addition
Name: COUCH, C. DERYL
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VP ( ) Change (X) Addition
Name: MCCONVERY, MICHAEL
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL MCCONVERY VP 04/14/2006

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