2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # M05000005087

1. Entity Name SCP 2005C-C20-008 LLC



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

Principal Place of Business

Mailing Address

3 CYPRESS RUN

POB 3*

33C HOMOSASSA, FL 34446 POB 3179 Homosassa Springs, Fl. 34447

01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1346636 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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The above named entity submits this statement for the purpose of chatthe obligations of registered agent.	anging its registered office or registered agent, or both, in the	State of Florida. 1 am familiar with, and accept
SIGNATURE Synature, typed or printed name of registered agent and talle if applicable.	(NOTE: Registered Agent agnitive required when renstating)	DATE
Filing Fee Is \$50.00 Due by May 1, 2007		
MANACING MEMBERS MANAGERS		•

TITLE NAME PREMIERE OCALA, LLC 3 CYPRESS RUN # 33C STREET ADDRESS CITY-ST-ZIP HOMOSASSA, FL 34446 TITLE NAME STREET ADDRESS City-St-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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

MAME STREET ADDRESS CITY+ST-ZIP

Alpeuin

KAIKA

1-10-07

352-305-7/30

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

Date

Daytime Phone #