

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005095

Entity Name: SCR INVESTMENTS, LLC

FILED  
Mar 30, 2006  
Secretary of State

**Current Principal Place of Business:**

14456 CHERRY RIDGE RD.  
CARMEL, IN 46033

**New Principal Place of Business:**

**Current Mailing Address:**

14456 CHERRY RIDGE RD.  
CARMEL, IN 46033

**New Mailing Address:**

FEI Number: 20-2510953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AGENTS AND CORPORATIONS, INC.  
STE E, 773 4TH AVE. NORTH  
NAPLES, FL 34102 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: BENNETT, CHRIS  
Address: 13193 CAPE DR  
City-St-Zip: CARMEL, IN 46033

Title: MGR ( ) Delete  
Name: LUCKA, ROB  
Address: 325 PICKWICK CT.  
City-St-Zip: NOBLESVILLE, IN 46062

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: FEARRIN, SCOTT O  
Address: 14456 CHERRY RIDGE ROAD  
City-St-Zip: CARMEL, IN 46033

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: SCOTT O FEARRIN

MGR

03/30/2006

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