


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90118 001 \*1,387.50

<b>DOCUMENT # M05000006682</b> 1. Entity Name <b>SCP 2005-C21-016 LLC</b>					
Principal Place of Business <b>5135 87TH ST WABASSO, FL 32970</b>			Mailing Address <b>P.O. BOX 700277 WABASSO, FL 32970</b>		
2. Principal Place of Business - No P.O. Box # <b>2770 Indian River Blvd.</b>		3. Mailing Address <b>2770 Indian River Blvd.</b>			
Suite, Apt. #, etc. <b>Suite 201</b>		Suite, Apt. #, etc. <b>Suite 201</b>			
City & State <b>Vero Beach, FL</b>		City & State <b>Vero Beach, FL</b>			
Zip <b>32960-4230</b>	Country <b>USA</b>	Zip <b>32960-4230</b>	Country <b>USA</b>	4. FEI Number <b>20-3892167</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LIGHTSEY, ALTON L 2105 PARK AVE NORTH WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WABASSO RETAIL INVESTMENTS LLC 5135 87TH ST WABASSO, FL 32970</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BASS, JEFF E 5135 87TH ST WABASSO, FL 32970</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> _____			Date <b>2/14/08</b> Daytime Phone # <b>772-562-3886</b>		