



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

05-01-2006 90040 050 ****50.00

DOCUMENT # M05000006748			
1. Entity Name SCP 2005-C21-506 LLC			
Principal Place of Business 3901 CENTENARY DALLAS, TX 75225		Mailing Address 3901 CENTENARY DALLAS, TX 75225	
2. Principal Place of Business <i>Landes Investments</i>		3. Mailing Address <i>Landes Investments</i>	
Suite, Apt. #, etc. <i>2521 Fairmount St.</i>		Suite, Apt. #, etc. <i>2521 Fairmount St.</i>	
City & State <i>Dallas, TX</i>		City & State <i>Dallas, TX</i>	
Zip <i>75201</i>	Country <i>USA</i>	Zip <i>75201</i>	Country <i>USA</i>
4. FEI Number <i>20-3907319</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____			
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDES, BRETT L 3901 CENTENARY DALLAS, TX 75225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDES, NICKIE 3901 CENTENARY DALLAS, TX 75225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIMIS, JEFFREY H 3102 OAK LAWN AVE. SUITE 700 DALLAS, TX 75219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.			
SIGNATURE: 		Brett Landes 4/19/2006 214.720.0800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	



ATTACHMENT
30010022
#M05000006748

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-3907319 OMB No. 1545-0003																					
1* Legal name of entity (or individual) for whom the EIN is being requested SCP 2005-C21-506 LLC																							
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name Brett Landes																					
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 8333 Douglas Ave Suite 1500		5a Street address (if different) (Do not enter a P.O. box)																					
4b* City, state, and ZIP code Dallas TX 75225 -		5b City, state, and ZIP code																					
6* County and state where principal business is located County Dallas State TX																							
7a Name of principal officer, general partner, grantor, owner, or trustor Brett Landes		7b SSN, ITIN, EIN 223-94-8030																					
8a* Type of entity (check only one) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Sole Proprietor (SSN)</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Estate (SSN of decedent)</td> <td style="width: 33%; border: none;"><input type="checkbox"/> State/local government</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> Plan administrator (SSN)</td> <td style="border: none;"><input type="checkbox"/> Federal government/military</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Corporation (enter form number to be filed) ▶</td> <td style="border: none;"><input type="checkbox"/> Trust (SSN of grantor)</td> <td style="border: none;"><input type="checkbox"/> Indian tribal government/enterprises</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Personal Service</td> <td style="border: none;"><input type="checkbox"/> National Guard</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Church or church-controlled organization</td> <td style="border: none;"><input type="checkbox"/> Farmers' cooperative</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other nonprofit organization (specify) ▶</td> <td style="border: none;"><input type="checkbox"/> REMIC</td> <td></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Other (specify) ▶ multi member LLC</td> <td style="border: none;">Group Exemption NO. (GEN) ▶</td> <td></td> </tr> </table>			<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> State/local government	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)	<input type="checkbox"/> Indian tribal government/enterprises	<input type="checkbox"/> Personal Service	<input type="checkbox"/> National Guard		<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative		<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMIC		<input checked="" type="checkbox"/> Other (specify) ▶ multi member LLC	Group Exemption NO. (GEN) ▶	
<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> State/local government																					
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> Federal government/military																					
<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)	<input type="checkbox"/> Indian tribal government/enterprises																					
<input type="checkbox"/> Personal Service	<input type="checkbox"/> National Guard																						
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative																						
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMIC																						
<input checked="" type="checkbox"/> Other (specify) ▶ multi member LLC	Group Exemption NO. (GEN) ▶																						
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country																					
9* Reason for applying (check only one) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Started new business (specify type) ▶ Real Estate Mngmt</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Banking purpose (specify purpose) ▶</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Hired employees (Check the box and see line 12)</td> <td style="border: none;"><input type="checkbox"/> Changed type of organization (specify new type) ▶</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td style="border: none;"><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other (specify) ▶</td> <td style="border: none;"><input type="checkbox"/> Created a trust (specify type) ▶</td> </tr> <tr> <td></td> <td style="border: none;"><input type="checkbox"/> Created a pension plan (specify type) ▶</td> </tr> </table>			<input checked="" type="checkbox"/> Started new business (specify type) ▶ Real Estate Mngmt	<input type="checkbox"/> Banking purpose (specify purpose) ▶	<input type="checkbox"/> Hired employees (Check the box and see line 12)	<input type="checkbox"/> Changed type of organization (specify new type) ▶	<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶		<input type="checkbox"/> Created a pension plan (specify type) ▶											
<input checked="" type="checkbox"/> Started new business (specify type) ▶ Real Estate Mngmt	<input type="checkbox"/> Banking purpose (specify purpose) ▶																						
<input type="checkbox"/> Hired employees (Check the box and see line 12)	<input type="checkbox"/> Changed type of organization (specify new type) ▶																						
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business																						
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶																						
	<input type="checkbox"/> Created a pension plan (specify type) ▶																						
10* Date business started or acquired (month, day, year) NOV 22 2005		11 Closing month of accounting year DEC																					
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: if applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶																							
13 Highest number of employees expected in the next twelve months <i>Note: if the applicant does not expect to have any employees during the period, enter "0"</i>		Agriculture Household Other																					
14* Check box that best describes the principal activity of your business <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Construction</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Health care & social assistance</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Rental & leasing</td> <td style="border: none;"><input type="checkbox"/> Accommodation & food service</td> <td style="border: none;"><input type="checkbox"/> Wholesale-other</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Real estate</td> <td style="border: none;"><input type="checkbox"/> Retail</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Manufacturing</td> <td></td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Transportation & warehousing</td> <td></td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Finance & insurance</td> <td></td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other (specify)</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other	<input checked="" type="checkbox"/> Real estate	<input type="checkbox"/> Retail		<input type="checkbox"/> Manufacturing			<input type="checkbox"/> Transportation & warehousing			<input type="checkbox"/> Finance & insurance			<input type="checkbox"/> Other (specify)		
<input type="checkbox"/> Construction	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker																					
<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other																					
<input checked="" type="checkbox"/> Real estate	<input type="checkbox"/> Retail																						
<input type="checkbox"/> Manufacturing																							
<input type="checkbox"/> Transportation & warehousing																							
<input type="checkbox"/> Finance & insurance																							
<input type="checkbox"/> Other (specify)																							
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Real Estate Investment																							
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c.</i>																							
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶																							
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN																							
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form																							
Third Party Designee	Designee's name Linda Graber Address and ZIP code 1505 Montclair Dr Richardson TX 75081 -	Designee's telephone number (include area code) (214) 365 - 4816 Designee's fax number (include area code) () -																					
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶ Signature ▶ Not Required Date ▶ December 09, 2005 GMT		Applicant's telephone number (include area code) () - Applicant's fax number (include area code) () -																					

ATTACHMENT

30010022
#M05000006748



Landes Investments

For your convenience we are taking the liberty of forwarding the attached information in the belief that promptness may be more important to you than formality.

To: Annual Reports
From: Linda Grabel
Date: 6/2/06
Remarks: Correction enclosed

Thanks.

