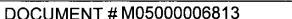
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT





FILED Apr 03, 2006 8:00 am Secretary of State

1. Entity Name SCP 2005-C21-075 LLC							04-03-2006 90069 042 ****50.00				
Principal Place of Business Mailing Address						1					
8333 DOUGLAS AVE. SUITE 1500 DALLAS, TX 75225			8333 DOUGLAS AVE. SUITE 1500 DALLAS, TX 75225								
2. Principal P	Place of Busin	ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03272006	Chg-LLC	CR2E083	(11/05)		
City & State			City & State		4. FEI Numb	ED FOR 20-	3932068	·	plied For t Applicable		
Zip	Country		Zip •	Coun	itry	5. Certificat	e of Status Desired		5.00 Add e Require		
	6. Name	and Address of Current R				7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Name Street Address (P.O. Box Number is Not Acceptable)						
					City		<u> </u>		Tie Oad		
] 1			FL	Zip Cod		
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											
	Signature, typed	or printed name of registered agent ar	when reinstating)		DATE						
	iling Fee I ue by May					,		ke check pay la Departmen		a .	
9.	,	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS	CHANGES			
TITLE NAME	MGR YANCY, K	EVIN D	☐ Delete	TITL					Change	☐ Addition	
STREET ADDRESS		NANDOAH		NAM STRE	E Et address						
CITY-ST-ZIP	DALLAS,	•			-ST-ZIP						
TITLE	MGR Delete			TITL					Change	Addition	
NAME	ENGLAND			NAM							
STREET ADDRESS CITY-ST-ZIP	DALLAS,	OVER STREET		1	ET ADDRESS -ST-ZIP						
TITLE	MGR Delete TITL								Change	- Addition	
NAME	MIMS, JEFFREY				l l			L	_r change	Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	DALLAS,	TX 75219			-ST-ZIP						
TITLE NAME			☐ Delete	TITU] Change	☐ Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				ÇITY	-ST-ZIP						
TITLE			☐ Delete	TITLE	:				Change	☐ Addition	
NAME Street Address				NAM							
CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
TITLE			Delete	TITLE					Change	Addition	
NAME			_ 30.00	NAM	Ε						
STREET ADDRESS				1	ET ADDRESS						
CITY-ST-ZIP	nordifica dib na dib n	information according to the	NIL EUR		-ST-ZIP						
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.											

3/27/06

214.365.4800