

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000006294

1. Entity Name
SCDL, L.L.C.



Principal Place of Business
3101 INGERSOLL AVENUE
DES MOINES, IA 50312

Mailing Address
3101 INGERSOLL AVENUE
DES MOINES, IA 50312



02012007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5838755

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIELS, RONALD L
554 ALKEVIEW DRIVE
MIAMI BEACH, FL 33140

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DANIELS, RONALD L
STREET ADDRESS 3101 INGERSOLL AVENUE
CITY-ST-ZIP DES MOINES, IA 50312

TITLE MGR
NAME PADANI, ILAN
STREET ADDRESS X
CITY-ST-ZIP TEL AVIV ISREAL,

TITLE MGR
NAME NAIM, RICHARD
STREET ADDRESS X
CITY-ST-ZIP BNAI BROK, ISREAL,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

Ronald L. Daniels, President

SIGNATURE: _____

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

(515) 277-4000

Date

Daytime Phone #