

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000002124

**Entity Name:** SCSF WICKES II, LLC

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5200 TOWN CENTER CIRCLE, SUITE 600  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

5200 TOWN CENTER CIRCLE, SUITE 600  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 20-8784275      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: VPAS  
Name: MCCONVERY, MICHAEL VPAS  
Address: 5200 TOWN CENTER CIR STE 600  
City-St-Zip: BOCA RATON, FL 33486

Title: VPAS  
Name: HAJDUCH, MARK VPAS  
Address: 5200 TOWN CENTER CIR STE 600  
City-St-Zip: BOCA RATON, FL 33486

Title: SRVP  
Name: KLAFTER, MELISSA SRVP  
Address: 5200 TOWN CENTER CIR STE 600  
City-St-Zip: BOCA RATON, FL 33486

I hereby 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: LAURA LOUIS

POA

04/21/2010

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