


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000004225 1. Entity Name SC COMMUNITIES LLC	
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Principal Place of Business C/O CRONUS CAPITAL, L.P. 275 MADISON AVENUE, 39TH FLOOR NEW YORK, NY 10016	Mailing Address C/O CRONUS CAPITAL, L.P. 275 MADISON AVENUE, 39TH FLOOR NEW YORK, NY 10016
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DO NOT WRITE IN THIS SPACE



07092008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 26-0513437	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008


In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000956013
07/22/08-80014-023 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SC COMMUNITIES ADVISOR LLC 275 MADISON AVENUE NEW YORK, NY 10016
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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.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____