FILED
08 JUL 21 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000005391

1. Entity Name
SCPF MIAMI LLC

Principal Place of Business	Mailing Address
1688 MERIDIAN AVENUE, SUITE 200 MIAMI BEACH, FL 33139	1688 MERIDIAN AVENUE, SUITE 200 MIAMI BEACH, FL 33139

07072008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	c/o WPP Group USA, Inc.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 125 Park Avenue, 4th Floor
City & State	City & State New York, New York
Zip / Country	Zip 10017 / Country USA

4. FEI Number
APPLIED FOR
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331	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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR NEUMAN, THOMAS O 125 PARK AVENUE NEW YORK, NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000133999240 07/24/08--01031--026 **350.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FAREWELL, KEVIN 125 PARK AVENUE NEW YORK, NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000133999240 07/24/08--01031--026 **218.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR READ, NICK 488 LEXINGTON AVENUE NEW YORK, NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Thomas O. Neuman July 18, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #