




FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # M98000001592 1. Entity Name SC TOWER, LLC			
Principal Place of Business 1 INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE, FL 32202		Mailing Address 1 INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE, FL 32202	
DO NOT WRITE IN THIS SPACE			
		03282008 No Chg-LLC CR2E083 (12/07)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-3545639	
		Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GERVIN, SYDNEY A III 1 INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE, FL 32202			
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 _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM SOUTHCOAST CAPITAL CORPORATION 1 INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
SIGNATURE:  Jeannine Mello		3/28/08 904-634-8808	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	