#### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L03000045836**

1. Entity Name SCULLY GP. LLC



Principal Place of Business

801 OLD YORK RD. JENKINTOWN, PA 19046 Mailing Address

801 OLD YORK RD. JENKINTOWN, PA 19046

# FILED Jun 30, 2008 08:00 AM Secretary of State



06192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0408484

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

FUERST, SCOTT J RUDEN, MCCLOSKY, SMITH, ET AL 200 E BROWARD BLVD, STE 1500 FT LAUDERDALE, FL 33301

### DO NOT WRITE IN THIS SPACE

| 8. The above named entity submits this statement for the purpose of changing                                   | ng its registered office or registered agent, or both, in the | State of Florida. I am familiar with, and accept |
|--|---|--|
| the obligations of registered agent.   |   |  |
| ् कीर ३३% ं क्रिक्ट के विकास की किस्ता क |   |  |
| SIGNATURE  |   |  |
|  | (NOTE: Registered Agent signature required when reinstating)  | DATE   |
|  |   |  |

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

| 9. MANAGING MEMBERS/MANAGERS                     |  |
|--|--|
| TITLE NAME STREET ADDRESSCITY=ST-ZIP             | P<br>SCULLY, MICHAEL<br>801 OLD YORK RD.<br>JENKINTOWN, PA 19046   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP            | VP<br>SCULLY, JAMES D JR<br>801 OLD YORK RD.<br>JENKINTOWN, PA 19046   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP            |  |
| TITLE OF NAME  NAME  STREET ADDRESS  CITY-ST-ZIP |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP            |  |
| NAME STREET ADDRESS CITY-ST-ZIP                  | 199 and the artists of the second of the sec |

000000953420 06/30/08-80002-008 538.79

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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

6/19/08

(215) 887-87