

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030767

FILED
Jan 12, 2008
Secretary of State

Entity Name: SCALLY INVESTMENTS, L.L.C.

Current Principal Place of Business:

539 CALLE ESCADA
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

653 DON BISHOP RD
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

539 CALLE ESCADA
SANTA ROSA BEACH, FL 32459

New Mailing Address:

653 DON BISHOP RD
SANTA ROSA BEACH, FL 32459

FEI Number: 20-1030024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMICH, KEVIN M
4481 LEGENDARY DR, STE 200
DESTIN, FL 32541 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: MGR () Delete
Name: SCALLY, NIALL
Address: 539 CALLE ESCADA
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR () Delete
Name: SCALLY, CHRISTINA R
Address: 539 CALLE ESCADA
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCALLY, NIALL
Address: 653 DON BISHOP RD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR (X) Change () Addition
Name: SCALLY, CHRISTINA R
Address: 653 DON BISHOP RD
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHRISTINA R SCALLY

MGR

01/12/2008

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