2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 23, 2006 8:00 am
Secretary of State
01-23-2006 90133 037 ****50.00

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1. Entity Name
SCG INVESTMENTS, LLC

Principal Place of Business	Mailing Address
501 B HIGHWAY 98 DESTIN, FL 32541 US	501 B HIGHWAY 98 DESTIN, FL 32541 US

01062006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
543 Harbor BlVD suit 501	543 Harbor BlVD
Suite, Apt. #, etc.: Destin FL 32541	Suite, Apt. #, etc.: Suit 501
City & State	City & State: Destin FL
Zip: 32541 Country: U.S.A	Zip: 32541 Country: USA

4. FEI Number: 32-1509868 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SWILLEY, CRAIG
622 LEGION COURT
DESTIN, FL 32541

7. Name and Address of New Registered Agent
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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SWILLEY, CRAIG 501 B HIGHWAY 98 DESTIN, FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Chris Cadenhead 543 Harbor Blvd #501 Destin FL 32541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGRM~~ ~~Chris Cadenhead~~	☐ 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
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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: Craig Swilley 1-17-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #