

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105841

FILED
Apr 27, 2007
Secretary of State

Entity Name: SCALLOPS OF FLORIDA, LLC

Current Principal Place of Business:

233 WATER STREET
APALACHICOLA, FL 32390

New Principal Place of Business:

Current Mailing Address:

233 WATER STREET
APALACHICOLA, FL 32390

New Mailing Address:

P.O. BOX 697
APALACHICOLA, FL 32329

FEI Number: 20-8100807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, WALTER MACK
233 WATER STREET
APALACHICOLA, FL 32390 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: WARD, THOMAS LEE
Address: 233 WATER STREET
City-St-Zip: APALACHICOLA, FL 32390

Title: MGR () Delete
Name: WARD, WALTER MACK
Address: 233 WATER STREET
City-St-Zip: APALACHICOLA, FL 32390

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WARD, THOMAS LEE
Address: 137 LONG ROAD
City-St-Zip: APALACHICOLA, FL 32320

Title: MGR (X) Change () Addition
Name: WARD, WALTER MACK
Address: 2620 BLUFF ROAD
City-St-Zip: APALACHICOLA, FL 32320

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: WALTER M WARD

MGR

04/27/2007

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