

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105841

FILED  
May 21, 2008  
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:**

P.O. BOX 697  
APALACHICOLA, FL 32329

**New Mailing Address:**

P.O. BOX 698  
APALACHICOLA, FL 32329

FEI Number: 20-8100807      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WARD, WALTER MACK  
233 WATER STREET  
APALACHICOLA, FL 32390      US

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: 137 LONG ROAD  
City-St-Zip: APALACHICOLA, FL 32320

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

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THOMAS LEE WARD

MGR

05/21/2008

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