2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# L06000115767

Entity Name: REVELAY INVESTMENT, LLC

Current Principal Place of Business:

4393 COMMONS DRIVE EAST
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

4393 COMMONS DRIVE EAST
DESTIN, FL 32541

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, STEVEN K
4399 COMMONS DRIVE EAST
SUITE 300
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:	MGRM	( ) Delete
Name:	THE STERLING COMPANI, ES, LLC	
Address:	4393 COMMONS DRIVE EAST	
City-St-Zip:	DESTIN, FL 32541	
Title:	MGRM	( ) Delete
Name:	JEM-COASTAL, LLC,	
Address:	2001 PARK PLACE SUITE 320	
City-St-Zip:	BIRMINGHAM, AL 35203	
Title:	MGRM	( ) Delete
Name:	KENTUCKY REVELAY LLC,	
Address:	400 WEST MARKET STREET 32ND FLOOR	
City-St-Zip:	LOUISVILLE, KY 40202	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: SCO - TB MGRM 02/05/2007

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