2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L07000015102** 07-29-2008 90034 033 ***538.75 1. Entity Name SCOTTS FERRY GENERAL STORE, LLC Principal Place of Business Mailing Address 6648 SR 71 S 6648 SR 71 S 60045865 BLOUNTSTOWN, FL 32424 BLOUNTSTOWN, FL 32424 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072008 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number City & State 20-1457525 Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHITE, GEORGE B Street Address (P.O. Box Number is Not Acceptable) 6648 SR 71 S BLOUNTSTOWN, FL 32424 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) Make check payable to FILE NOW!!! FEE IS \$538.75 Florida Department of State Due by September 12, 2008 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR Change Addition TITLE TITLE ☐ Delete WHITE, GEORGE B NAME STREET ADDRESS 6648 SR 71 S STREET ADDRESS CITY-ST-ZIP BLOUNTSTOWN, FL 32424 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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.

FILED

Jul 29, 2008 8:00 am