

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90071 005 ***138.75

DOCUMENT # L07000032483	
1. Entity Name SCALYMOUNTAIN LAND, LLC	

Principal Place of Business 14390 MUSTANG TRAIL SOUTHWEST RANCHES FL 33330	Mailing Address 14390 MUSTANG TRAIL SOUTHWEST RANCHES FL 33330
--	--



2. Principal Place of Business, No P.O. Box # 14390 MUSTANG TRAIL	3. Mailing Address 14390 MUSTANG TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State SOUTHWEST RANCHES, FLA	City & State SOUTHWEST RANCHES FLA
Zip 33330	Country BROWARD
Zip 33330	Country BROWARD

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GREFE, WILLIAM 14390 MUSTANG TRAIL SOUTHWEST RANCHES FL 33330	
7. Name and Address of New Registered Agent Name GRACE L. GREFE Street Address (P.O. Box Number is Not Acceptable) 14390 MUSTANG TRAIL City SOUTHWEST RANCHES FL Zip Code 33330	

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 GRACE L. GREFE <i>Grace L. Grefe</i>	DATE FEB 14 2008

<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State</p>	
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREFE, GRACE L 14390 MUSTANG TRAIL SOUTHWEST RANCHES FL 33330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: GRACE L. GREFE <i>Grace L. Grefe</i>	DATE FEB 14	DAYTIME PHONE # 954-6802195
---	--------------------	------------------------------------