2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018549

City-St-Zip:

Entity Name: SCF ADVENTURES, LLC

FILED Feb 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 124 SCENIC LOOP ROAD 124 SCENIC LOOP ROAD **BOEME, TX 78006** BOERNE, TX 78006 **Current Mailing Address: New Mailing Address:** 124 SCENIC LOOP ROAD 124 SCENIC LOOP ROAD BOEME, TX 78006 BOERNE, TX 78006 FEI Number: 26-1994430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FORD, CHARLES W #2 MARINA PLAZA SARASOTA, FL 34236 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: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change () Addition FORD, CHARLES W FORD, CHARLES W MGRM Name: Name: 124 SCENIC LOOP ROAD Address: 124 SCENIC LOOP ROAD Address: City-St-Zip: BOEME, TX 78006 City-St-Zip: BOERNE, TX 78006 Title: MGRM () Delete Title: MGRM (X) Change () Addition FORD, SHARON K Name: FORD, SHARON K MGRM Name: Address: 124 SCENIC LOOP ROAD Address: 124 SCENIC LOOP ROAD City-St-Zip: BOEME, TX 78006 City-St-Zip: BOERNE, TX 78006 Title: () Delete Title: MGRM () Change (X) Addition FORD, CHARLES W MGRM Name: Name: Address: Address: 124 SCENIC LOOP RD. City-St-Zip: City-St-Zip: BOERNE, TX 78006 Title: () Delete Title: MGRM () Change (X) Addition Name: Name: FORD, CHARLES W MGRM Address: Address: 124 SCENIC LOOP RD. City-St-Zip: City-St-Zip: BOERNE, TX 78006 Title: () Delete Title: MGRM () Change (X) Addition FORD, CHARLES W MGRM Name: Name: 124 SCENIC LOOP RD. Address: Address: City-St-Zip: City-St-Zip: BOERNE, TX 78006 Title: () Delete Title: () Change (X) Addition FORD, CHARLES W MGRM Name: Name: Address: Address: 124 SCENIC LOOP RD.

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.

City-St-Zip:

BOERNE, TX 78006

SIGNATURE: CHARLES W. FORD MGRM 02/18/2009