2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2011
Secretary of State

DOCUMENT# L08000018549

Entity Name: SCF ADVENTURES, LLC

Current Principal Place of Business:

124 SCENIC LOOP ROAD
BOERNE, TX 78006

New Principal Place of Business:

Current Mailing Address:

124 SCENIC LOOP ROAD
BOERNE, TX 78006

New Mailing Address:

FEI Number: 26-1994430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORD, CHARLES W
#2 MARINA PLAZA
SARASOTA, FL 34236 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
Name: FORD, CHARLES W MGRM
Address: 124 SCENIC LOOP ROAD
City-St-Zip: BOERNE, TX 78006

Title: MGRM
Name: FORD, SHARON K MGRM
Address: 124 SCENIC LOOP ROAD
City-St-Zip: BOERNE, TX 78006

Title: MGRM
Name: FORD, CHARLES W MGRM
Address: 124 SCENIC LOOP RD.
City-St-Zip: BOERNE, TX 78006

Title: MGRM
Name: FORD, CHARLES W MGRM
Address: 124 SCENIC LOOP RD.
City-St-Zip: BOERNE, TX 78006

Title: MGRM
Name: FORD, CHARLES W MGRM
Address: 124 SCENIC LOOP RD.
City-St-Zip: BOERNE, TX 78006

Title: MGRM
Name: FORD, CHARLES W MGRM
Address: 124 SCENIC LOOP RD.
City-St-Zip: BOERNE, TX 78006

I hereby 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 Statues.

SIGNATURE: CHARLES W. FORD MR. 01/17/2011

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