

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000002313

FILED
Nov 11, 2008
Secretary of State

Entity Name: SLCM FUND 1 - DISTRESSED DEBT, LLC

Current Principal Place of Business:

2611 CLARK RD.
TAMPA, FL 33618

New Principal Place of Business:

2819 BAYSHORE TRAILS DR
TAMPA, FL 33611

Current Mailing Address:

2611 CLARK RD.
TAMPA, FL 33618

New Mailing Address:

2819 BAYSHORE TRAILS DR
TAMPA, FL 33611

FEI Number: 20-3786552 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HENDRICKS, CLARK
2611 CLARK RD.
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

WEISS, LISA R
2819 BAYSHORE TRAILS DR
TAMPA, FL 33611 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: LISA R WEISS

11/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HENDRICKS, CLARK
Address: 2611 CLARK RD.
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: WEISS, LISA
Address: 2819 BAYSHORE TRAILS DR
City-St-Zip: TAMPA, FL 33611

Title: MGRM () Delete
Name: FLASKAY, NICHOLAS
Address: 2305 S. SAN JOSE CIR
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: FLASKAY, NICHOLAS
Address: 3435 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33629

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.

SIGNATURE: LISA R WEISS

MGRM

11/11/2008

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