## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M07000000279**

1. Entity Name
SCM ROYAL PALM INVESTORS, LLC



FILED Feb 22, 2008 08:00 AM Secretary of State

Principal Place of Business

5383 HOLLISTER AVENUE, SUITE 240 SANTA BARBARA, CA 93111 Mailing Address

5383 HOLLISTER AVENUE, SUITE 240 SANTA BARBARA, CA 93111



02012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8218858 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303

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8. The above the obligation	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstalling)	DATE
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOMERA CAPITAL MANAGEMENT, LLC 5383 HOLLISTER AVENUE, SUITE 240 SANTA BARBARA, CA 93111		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	U00000834861 02/29/08-80009-022 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

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 at 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.

By: Sometim Caputer Management, LLC, Management, LLC, Management Management, LLC, Management Management

SIGNATURE: By: David Brown, thanager signature and typed or printed name of signing managing member of authors

NAME STREET ADDRESS CITY-ST-ZIP

2/1/08

BC-681-0144

Date

Daytime Phone #