


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M07000003046</b> 1. Entity Name SCD INVESTMENTS, L.L.C.	
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Principal Place of Business 1408 NORTH KINGSHIGHWAY, STE 300 ST. LOUIS, MO 63113	Mailing Address 1408 NORTH KINGSHIGHWAY, STE 300 ST. LOUIS, MO 63113
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01092008No Chg-LLC

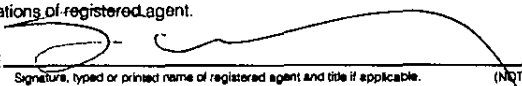
CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 43-1862754	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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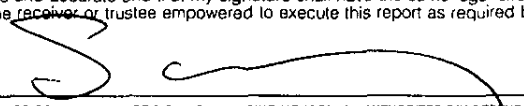
<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)
DATE 1/9/08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROBERTS, STEVEN C 1408 NORTH KINGSHIGHWAY, STE 300 ST. LOUIS, MO 83113
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<p>U000000784622 01/16/08-60062-006 143.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 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:  (NOTE: Registered Agent signature required when reinstating)
DATE 1/9/08 3:4-367-4600
Daytime Phone # x4690