2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001196

Entity Name: SCANNELL REVEX #108, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
800 E. 96TH STREET, SUITE 175 INDIANAPOLIS, IN 46240	800 E. 96TH STREET, SUITE 175 SUITE 175 INDIANAPOLIS, IN 46240
Current Mailing Address:	**New Mailing Address:**
800 E. 96TH STREET, SUITE 175 INDIANAPOLIS, IN 46240	800 E. 96TH STREET, SUITE 175 SUITE 175 INDIANAPOLIS, IN 46240

FEI Number: 26-2166160   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:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:**

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	FIRST AMERICAN EXHCA, NGE COMPANY, L L C	Name:	CARLINO, JAMES C MANAGER
Address:	30 NORTH LASALLE ST., SUITE 310	Address:	800 E. 96TH STREET, SUITE 175
City-St-Zip:	CHICAGO, IL 60602	City-St-Zip:	INDIANAPOLIS, IN 46240
Title:	( ) Delete	Title:	MGRM ( ) Change (X) Addition
Name:		Name:	SCANNELL PROPERTIES, #92, LLC
Address:		Address:	800 E. 96TH STREET, SUITE 175
City-St-Zip:		City-St-Zip:	INDIANAPOLIS, IN 46240

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: JAMES C. CARLINO   MGR   01/15/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date