2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A97000000237

Entity Name
 SGI LIMITED PARTNERSHIP



FILED Apr 16, 2007 08:00 A Secretary of State

Principal Place of Business

3110 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308

Mailing Address

3110 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308



02232007 No Chg-LP

CR2E003 (12/06)

4.	FEI Number
	59-3426224

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHIPPS VENTURES, INC. 3110 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308

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8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent	registered agent, or both, in the State of Florida.	1 am familiar with, and accept
SIGNATURE Signature. Typed or printed name of registered agent and title if applicable.		DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION P96000054527 DOCUMENT # NAME PHIPPS VENTURES, INC. STREET ADDRESS 3110 CAPITAL CIRCLE, N.E. CITY-ST-ZIP TALLAHASSEE, FL 32308 DOCUMENT # NAME STREET ADDRESS CITY - ST- ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT /

000000711007 .04/25/07-80066-003 500.00

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14. I hereby certify that the information supplied with this filling 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes

Philips Ventures, Loc.,

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

Sy! Wulkwiller & o i d E, Wilder, V/ signature and typed or printed name of signing general partner

(3/13/07

Daytime Phone