


FILED
Apr 30, 2004 8:00 am
Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/14

04-14-2004 90279 018 ****50.00

DOCUMENT # L03000023411					
1. Entity Name S Y G INVESTMENTS, L.L.C.					
Principal Place of Business 9430 TURKEY LAKE ROAD, SUITE 208 ORLANDO, FL 32819			Mailing Address 9430 TURKEY LAKE ROAD, SUITE 208 ORLANDO, FL 32819		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01222004 ⁷ Chg-LLC CR2E083 (10/03)	
4. FEI Number 33-1063213				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOWANI, SHERALI 9430 TURKEY LAKE ROAD, SUITE 208 ORLANDO, FL 32819			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHERALI H. GOWANI REV TRUST DATED 10/6/02	NAME			
STREET ADDRESS	9177 POINT CYPRESS DRIVE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YASMEEN S. GOWANI REV TRUST DATED 10/6/02	NAME			
STREET ADDRESS	9177 POINT CYPRESS DRIVE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZAIN S. GOWANI REVOC TRUST DATED 10/06/02	NAME			
STREET ADDRESS	9177 POINT CYPRESS DRIVE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZAINA S. GOWANI REV TRUST DATED 10/06/02	NAME			
STREET ADDRESS	9177 POINT CYPRESS DRIVE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Y Gowani</u> YASMEEN GOWANI		Date: <u>3-29-04</u>		Daytime Phone #: <u>407-345-4929</u>	

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Check was paid 4/04