


FILED
May 16, 2006 8:00 am
Secretary of State

4/24/200

04-24-2006 90067 033 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 7224 STONE ROCK CIR Suite, Apt. #, etc.		3. Mailing Address 7224 STONE ROCK CIR Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32819		Country USA	
4. FEI Number 33-1083213		Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required.		6. Chg-LLC CR2E083 (11/05)	
7. Name and Address of Current Registered Agent GOWANI, SHERALI 9430 TURKEY LAKE ROAD, SUITE 208 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name YASMEEN GOWANI Street Address (P.O. Box Number is Not Acceptable) 7224 STONE ROCK CIRCLE City ORLANDO FL Zip Code 32819	
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 <u>Y. Gowani</u> DATE <u>4/5/06</u> <small>(Signature, typed or printed name of registered agent with title is acceptable. (NOTE: Registered agent's signature requires written consent.)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHERALI H. GOWANI REV TRUST DATED 10/6/02 9177 POINT CYPRESS DRIVE ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YASMEEN S. GOWANI REV TRUST DATED 10/6/02 9177 POINT CYPRESS DRIVE ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAIN S. GOWANI REVOC TRUST DATED 10/06/02 9177 POINT CYPRESS DRIVE ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAINA S. GOWANI REV TRUST DATED 10/06/02 9177 POINT CYPRESS DRIVE ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes. SIGNATURE: <u>Y. Gowani</u> <u>YASMEEN GOWANI</u> DATE <u>4/5/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			