


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000023411		
1. Entity Name S Y G INVESTMENTS, L.L.C.		

Principal Place of Business 7224 STONE ROCK CIR ORLANDO, FL 32819	Mailing Address 7224 STONE ROCK CIR ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE



04122007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 33-1063213	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

GOWANI, YASMEEN  
 7224 STONE ROCK CIRCLE  
 ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHERALI H. GOWANI REV TRUST DATED 10/6/02 9177 POINT CYPRESS DRIVE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YASMEEN S. GOWANI REV TRUST DATED 10/6/02 9177 POINT CYPRESS DRIVE ORLANDO, FL 32819
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05/10/07-80010-005 50.00

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: *Y G*      4-23-07      407 7601780  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #