


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 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**



04092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 33-1063213	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** 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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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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 05/13/08-80029-022 138.75

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. Gowani* Date: 4-18-08 Daytime Phone #: 4-7760 1780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE