

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90008 020 \*\*\*150.00

DOCUMENT # L04000046160  
 1. Entity Name  
 SGFTL ACQUISITIONS, LLC



Principal Place of Business      Mailing Address  
 3365 N. FEDERAL HIGHWAY      3365 N. FEDERAL HIGHWAY  
 OAKLAND PARK FL 33306      OAKLAND PARK FL 33306

30006670



1st MOORE      CR2E083 (10/04)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
 Applied For  
 5. Certificate of Status Desired      \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PETER, MICHAEL J  
 3365 N. FEDERAL HIGHWAY  
 OAKLAND PARK FL 33306

7. Name and Address of New Registered Agent  
 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      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Michael J. Peter 3365 N. Federal Hwy. Ft. Lauderdale, FL 33306 <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
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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 exemption stated in Section 119.07(3)(i), 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: Michael J. Peter      Date: 4/15/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytona Phone #