

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000036282

**FILED  
Jul 21, 2008  
Secretary of State**

**Entity Name:** SGD HOMES, LLC

**Current Principal Place of Business:**

443 ESPANOLA WAY  
SUITE 305  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

443 ESPANOLA WAY  
SUITE 305  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 83-0426197      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROBINS, GINA  
443 ESPANOLA WAY  
SUITE 305  
MIAMI BEACH, FL FL US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: ROBINS, GINA  
Address: 443 ESPANOLA WAY, #305  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: SUTZ, DEBBIE  
Address: 443 ESPANOLA WAY, #305  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GINA ROBINS

MGR

07/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date