


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000057702</b>	
1. Entity Name SEGA, LLC	

Principal Place of Business 1550 MADRUGA AVENUE SUITE 240 CORAL GABLES, FL 33146	Mailing Address 1550 MADRUGA AVENUE SUITE 240 CORAL GABLES, FL 33146 US
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**DO NOT WRITE IN THIS SPACE**



01032008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5012186	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

GARCIA, PAUL A  
1550 MADRUGA AVENUE  
SUITE 240  
CORAL GABLES, FL 33146

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

U00000775726  
01/08/08-30041-002 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASES, LLC 7360 SW 24 ST., #34 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOVUS FINANCIAL GROUP, INC. 1550 MADRUGA AVE., SUITE 240 CORAL GABLES, FL 33146
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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: Paul A. Garcia Date: 1/2/08 Daytime Phone #: 305-662-7313