2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State
04-29-2004 90082 013 ****50.00

34006299

MOORE CR2E083 (11/03)

DOCUMENT # L00000015983

1. Entity Name
SGA, LLC

Principal Place of Business	Mailing Address
SGA, LLC 4303 W. KENNEDY BLVD. TAMPA FL 33609	SGA, LLC 4303 W. KENNEDY BLVD. TAMPA FL 33609

2. Principal Place of Business		3. Mailing Address	
3617 HENDERSON BLVD		3617 HENDERSON BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
TAMPA FLORIDA		TAMPA FLORIDA	
City & State		City & State	
Zip: 33609-4501	Country: HILLSBOROUGH	Zip: 33609-4501	Country: HILLSBOROUGH

4. FEI Number 59-3688463 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIEVES, BRIER S
4303 W. KENNEDY BLVD.
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 3617 HENDERSON BLVD.
City TAMPA FL Zip Code 33609-4501

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 X [signature] DATE 4/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	~~MGRM~~	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	~~SCOTT, MICHAEL J~~		NAME		
STREET ADDRESS	~~1115 S. DUNBAR~~		STREET ADDRESS		
CITY-ST-ZIP	~~TAMPA FL 33629~~		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRIEVES, BRIER S.		NAME		
STREET ADDRESS	3617 HENDERSON BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609-4501		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 X [signature] 4/15/04 813/876-4166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #