

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084413

Entity Name: SGGUSA, LLC

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

1250 CENTRAL PARK DRIVE
SANFORD, FL 32771

New Principal Place of Business:

31705 LONG ACRES DRIVE
SORRENTO, FL 32776

Current Mailing Address:

1250 CENTRAL PARK DRIVE
SANFORD, FL 32771

New Mailing Address:

P.O. BOX 1747
SORRENTO, FL 32776

FEI Number: 26-0724781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECKER, JEFFREY E
200 SOUTH ORANGE AVENUE
2300, SUN TRUST CENTER
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: WHITTLE, GREGORY
Address: 1250 CENTRAL PARK DRIVE
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM () Delete
Name: SCHWARTZ, NICK
Address: 1250 CENTRAL PARK DRIVE
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM () Delete
Name: WHITE, PAUL R
Address: 1250 CENTRAL PARK DRIVE
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES:

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

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

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: GREGORY WHITTLE

MGRM

01/04/2008

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