

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051945

Entity Name: SGI LAND COMPANY LLC

FILED  
Jan 21, 2008  
Secretary of State

**Current Principal Place of Business:**

454 LAS GALLINAS AVENUE, SUITE 171  
SAN RAFAEL, CA 94903

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6885  
SAN RAFAEL, CA 94903

**New Mailing Address:**

FEI Number: 84-1681066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLER, JUDITH  
135 HIGHWAY 98  
EASTPOINT, FL 32328 US

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

MILLER, JUDITH  
601 AVENUE H NE  
CARRABELLE, FL 32322 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:

01/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WALLACH, LEWIS  
Address: 100 ROWLAND WAY, SUITE 115  
City-St-Zip: NOVATO, CA 94945

Title: MEMB ( ) Delete  
Name: GOOD WORKS, INC.,  
Address: 454 LAS GALLINAS AVENUE #171  
City-St-Zip: SAN RAFAEL, CA 94903

Title: MGRM ( ) Delete  
Name: JACKEL, PINKI C  
Address: 135 HWY 98  
City-St-Zip: EASTPOINT, FL 32328

Title: MNGR ( ) Delete  
Name: MILLER, JUDY  
Address: 454 LAS GALLINAS AVENUE #171  
City-St-Zip: SAN RAFAEL, CA 94903

**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:

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: LEWIS WALLACH

MGRM

01/21/2008

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