2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000084413

Entity Name: SGGUSA, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
411 CENTRAL PARK DR. SANFORD, FL 32771	

Current Mailing Address:	**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:	**Name and Address of New Registered Agent:**
DECKER, JEFFREY E 200 SOUTH ORANGE AVENUE 2300, SUN TRUST CENTER ORLANDO, FL 32801 US	WHITTLE, GREGORY 1250 CENTRAL PARK DRIVE SANFORD, FL 32771 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: GREGORY WHITTLE   10/09/2008
_____   _____
Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

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

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

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	WHITE, PAUL R	Name:	
Address:	1250 CENTRAL PARK DRIVE	Address:	
City-St-Zip:	SANFORD, FL 32771 US	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   10/09/2008
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date