

*** AMENDED ***
**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000003544

1. Entity Name

SGRI, LLC



FILED

03 SEP 20 09:11 AM '03
 09-25-2003 90039030****50.00

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJH

Principal Place of Business

Mailing Address

~~412 THIRD AVENUE NORTH
 NAPLES FL 34102~~
**501 Goodlette Rd. N D-100
 Naples FL 34102**

~~342 THIRD AVENUE NORTH
 NAPLES FL 34102~~
**501 Goodlette Rd. N
 D-100
 Naples FL 34102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9/29

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3648970**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~VOGEL, JAMES D
 333 TAMiami TRAIL NORTH, SUITE B
 NAPLES FL 34103~~

Name **Edward B. Krauer**
 Street Address (P.O. Box Number is Not Acceptable)
501 Goodlette Rd. N. D-100

City **Naples** FL Zip Code **34102**

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

Edward B. Krauer

(NOTE: Registered Agent signature required when reinstating)

9-23-03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
 Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **POHLMANN, HERBERT C**
 STREET ADDRESS **242 THIRD AVENUE NORTH**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Edward B. Krauer
SIGNATURE REQUIRED

9/23/03 2392612888