

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008073

Entity Name: SGW HOMES, LLC

FILED
Feb 03, 2006
Secretary of State

Current Principal Place of Business:

4227 EXCHANGE AVE.
NAPLES, FL 34104

New Principal Place of Business:

4227 EXCHANGE AVE.
NAPLES, FL 341047018

Current Mailing Address:

4227 EXCHANGE AVE.
NAPLES, FL 34104

New Mailing Address:

4227 EXCHANGE AVE.
NAPLES, FL 341047018

FEI Number: 59-3741889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GURDIAN, ROBERT J
4227 EXCHANGE AVE.
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

GURDIAN, ROBERT J
4227 EXCHANGE AVE.
NAPLES, FL 341047018 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:

02/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WISEMAN, JOHN P
Address: 4227 EXCHANGE AVE.
City-St-Zip: NAPLES, FL 34104

Title: MGR () Delete
Name: GURDIAN, ROBERT J
Address: 4227 EXCHANGE AVE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WISEMAN, JOHN P
Address: 4227 EXCHANGE AVE.
City-St-Zip: NAPLES, FL 341047018

Title: MGR (X) Change () Addition
Name: GURDIAN, ROBERT J
Address: 4227 EXCHANGE AVE
City-St-Zip: NAPLES, FL 341047018

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBER J. GURDIAN

MGR

02/03/2006

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