

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015705

Entity Name: SGRD ENTERPRISES, LLC

FILED  
Apr 05, 2006  
Secretary of State

## Current Principal Place of Business:

200 WEST 60TH ST., APT 226  
NEW YORK, NY 100238508

## New Principal Place of Business:

1680 FRUITVILLE ROAD  
SUITE 102  
SARASOTA, FL 34236 US

## Current Mailing Address:

200 WEST 60TH ST., APT 226  
NEW YORK, NY 100238508

## New Mailing Address:

1680 FRUITVILLE ROAD  
SUITE 102  
SARASOTA, FL 34236

FEI Number: 65-1139909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAND, GREGORY S  
1680 FRUITVILLE ROAD  
SUITE 102  
SARASOTA, FL 34236 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: MGR ( ) Delete  
Name: BAND, GREGORY S  
Address: 1680 FRUITVILLE ROAD, SUITE 102  
City-St-Zip: SARASOTA, FL 34236

Title: MGR (X) Delete  
Name: BAND, DOUGLAS J  
Address: 200 WEST 60TH ST., APT 226  
City-St-Zip: NEW YORK, NY 100238508

## ADDITIONS/CHANGES:

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 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 S. BAND

MGR

04/05/2006

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