2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: TILLIAN J. TWILLIAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ANNUAL REPORT (AR)				FILED .			
DOCUMENT # L03000029235 1. Entity Name				Apr 27, 2005 08:00 AM Secretary of State			
SGI INVE	STMENTS, LLC			Secretary or	State		
Principal Place of Business		Mailing Address					
1708 METROPOLITAN BLVD. TALLAHASSEE FL 32308		1708 METROPOLITAN BLVD. TALLAHASSEE FL 32308					
Principal Place of Business .							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1 RECORD BY BEINE HOLD BEINE BEINE BANG BEINE U		1861 III IBAK	
					083 (10/04)	. شون رو	
City & State		City & State		4. FEI Number 77-0606256	·	opiled For ot Applicat	
Zip Country		Zip Country		5. Certificate of Status Desired S5.00 Additional Fee Required			
······································	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registere	·		
CDII	MOLEV GEODGE E		Name				
GRIMSLEY, GEORGE F 1708 METROPOLITAN BLVD. TALLAHASSEE FL 32308			Street Address (Street Address (P.O. Box Number is Not Acceptable)			
i			City		Zip Code		
8. The above named entity submits this statement for the purpose of changing its regist) '	Ford agent as both in the State of Florida La	L		
the obligat	ions of edistered agent.	Tributy	registered onice or register	red agent, or botts, in the state of Florida. Far		and accep	
SIGNATORE .	Signature, typed or printed name of registered agent		E Registered Agent signature required	d when roinstating) DATE			
	V		DW!!! FEE IS \$50.00 le to Florida Departme	nt of State			
ı	•		e By May 1, 2005				
9.	MANAĞİNG MEMBI	ER\$/MANAGERS	10.	ADDITIONS/CHANG	ES	· -	
title Name	MGRM GRIMSLEY, GEORGE F	Delete	TITLE NAME	1100000337049	Change	☐ Aoi.s.	
STREET ADDRESS	1708 METROPOLITAN BLVD.		STREET ADDRESS		20 50.00		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP				
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STREET ADDRESS			STRECT ADDRESS CITY-ST-ZIP				
Cliv St. ZiP	certify that the information supplied with	h this filing does not qualify for		ection 119.07(3)(I), Florida Statutes. I further of	certify that the ii	กไอเกลา	
indicated limited lia	I on this report is true and accurate and ability company or the receiver or truste	d that my signature shall have be empowered to execute this	the same legal effect as if r report as required by Chap	nade under oath, that I am a managing men ster 608, Florida Statutes.	ber or manage	er of the	

850-385-1120 Daysime Phone #