

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000051942

1. Entity Name

SGW FAMILY HOLDINGS, LLC



Principal Place of Business

2700 SOUTH TAMiami TRAIL, SUITE 2
SARASOTA FL 34239

Mailing Address

2700 SOUTH TAMiami TRAIL, SUITE 2
SARASOTA FL 34239



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

1st MOORE

CR2E083 (10/04)

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MILONAS, TASO M
1800 SECOND STREET, SUITE 884
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME WALD, SHELDON G
STREET ADDRESS 2700 SOUTH TAMiami TRAIL, SUITE 2
CITY - ST - ZIP SARASOTA FL 34236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS / CHANGES

☐ Change ☐ Addition
U00000320635
04/21/05-80048-013 50.00

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/28/05 - 941 1122 366