

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 20, 2005
Secretary of State**

DOCUMENT# L04000014724

Entity Name: SGT, LLC

Current Principal Place of Business:

9751 EAST BAY HARBOR DRIVE
BAY HARBOR ISLAND, FL

New Principal Place of Business:

Current Mailing Address:

9751 EAST BAY HARBOR DRIVE
BAY HARBOR ISLAND, FL

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSITZ, MARC
550 BILTMORE WAY, SUITE 700
CORAL GABLES, FL 33134 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: MARC LIPSITZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REYCRAFT, GEORGE C JR.
Address: 9751 EAST BAY HARBOR DRIVE
City-St-Zip: BAY HARBOR ISLAND, FL

Title: MGRM () Delete
Name: REYCRAFT, THOMAS C
Address: 9751 EAST BAY HARBOR DRIVE
City-St-Zip: BAY HARBOR ISLAND, FL

Title: MGRM () Delete
Name: REYCRAFT, SHEILA
Address: 9751 EAST BAY HARBOR DRIVE
City-St-Zip: BAY HARBOR ISLAND, FL

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Section 119.07(3)(i), 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: GEORGE C. REYCRAFT, JR.

MGRM

10/20/2005

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