

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90024 013 \*\*\*\*50.00

<b>DOCUMENT # L04000014749</b>					
<b>1. Entity Name</b> SGD INVESTMENTS, LLC					
<b>Principal Place of Business</b> 992 TAMiami TRAIL, SUITE 3-1 PORT CHARLOTTE, FL 33953			<b>Mailing Address</b> 992 TAMiami TRAIL, SUITE 3-1 PORT CHARLOTTE, FL 33953		
<b>2. Principal Place of Business</b> 992 Tamiami Trail Suite, Apt. #, etc. E-1		<b>3. Mailing Address</b> 992 Tamiami Trail Suite, Apt. #, etc. E-1			
<b>City &amp; State</b> PORT CHARLOTTE FL		<b>City &amp; State</b> PORT CHARLOTTE FL		<b>4. FEI Number</b> 84-1643570	
<b>Zip</b> 33953		<b>Country</b> 33953		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ITTERSAGEN, SCOTT D 1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD, FL 34223-4949			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM WALKER, RONALD C 992 TAMiami TRAIL STE E-1 PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM ITTERSAGEN, SCOTT D 1861 PLACIDA RD STE 204 ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete	MGRM ITTERSAGEN, SCOTT D 1861 PLACIDA RD STE 204 ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>Scott D. Ittersagen</i> <b>manager</b>			<b>4/21/06</b> <b>941-474-7713</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		