## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000014749  1. Entity Name SGD INVESTMENTS, LLC							04-26-2006 9	0024 013	****5(	).00	
Principal Place of Business  992 TAMIAMI TRAIL, SUITE 3-1  PORT CHARLOTTE, FL 33953  Mailing Address  992 TAMIAMI TRAIL, SUITE 3-1  PORT CHARLOTTE, FL 33953											
2. Principal P	lace of Busin	ness ami Trail	3. Mailing Address 992 Tamiami Traij								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04212006	Chg-LLC	CR2E083	(11/05)		
City & State FL PORT CHARLOTTE			City & State PORT CHI	OFFE		4. FEI Number         Applied For           84-1643570         Not Applicable					
Zip Country 339.53		Country	<sup>Zip</sup> 33953	Coun		5. Certificate	e of Status Desired		.00 Add Required		
	6. Name	and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent Name						
ITTERSAC					Street Address (P.O. Box Number is Not Acceptable)						
		ND, SUITE 204 34223-4949									
					City	City FL Zip Code					
8. The above	named entit	ry submits this statement for	the purpose of changing its	registere	d office or reg	gistered agent, or bo	oth, in the State of Flori		iliar 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											
Fi De	ling Fee ue by Ma	is \$50.00 y 1, 2006				,		check paya Department		1	
9.		MANAGING MEMBER		10.	: 1		ADDITIONS/C		1.05		
TITLE NAME	MGRM			TITLE	<b>I</b>	☐ Chang			] Change	Addition	
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CITY-ST-ZIP	ENGLEWOOD, FL 34223				-ST-ZIP		LACIDA A		34	239	
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11. I hereby	certify that the	ne information supplied with	this filing does not qualify fo		r-ST-ZIP	ained in Chapter 119	9, Florida Statutes. I fur	ther certify th	at the info	rmation	
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.											
0.0		Suth	W/2	ma	nage	1 her	4/21/06	/ [ ]	771	3	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAMEOF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Data  Data  Data  Data  Data  Discontinuments  Data  Data  Discontinuments  Dis											