




FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # L04000014749				Secretary of S	
1. Entity Name SGD INVESTMENTS, LLC					
Principal Place of Business 992 TAMiami TRAIL, SUITE E-1 PORT CHARLOTTE, FL 33953		Mailing Address 992 TAMiami TRAIL, SUITE E-1 PORT CHARLOTTE, FL 33953			
DO NOT WRITE IN THIS SPACE					
		04082008 No Chg-LLC CR2E083 (12/07)			
		4. FEI Number 84-1643570.		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE			
ITTERSAGEN, SCOTT D 1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD, FL 34223-4949					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE			
TITLE	MGRM				
NAME	WALKER, RONALD C				
STREET ADDRESS	992 TAMiami TRAIL STE E-1				
CITY- ST- ZIP	PORT CHARLOTTE, FL 33953				
TITLE	MGRM				
NAME	ITTERSAGEN, SCOTT D				
STREET ADDRESS	1861 PLACIDA RD STE 204				
CITY- ST- ZIP	ENGLEWOOD, FL 34223				
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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.					
SIGNATURE:  <i>Managing member</i> 4/8/08 941-474-7713					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone</small>			