

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033425

Entity Name: SIGMA SUB I, LLC

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

2717 SW 101 TERRACE
GAINESVILLE, FL 32607

New Principal Place of Business:

2717 SW 101 TERRACE
GAINESVILLE, FL 32608

Current Mailing Address:

2717 SW 101 TERRACE
GAINESVILLE, FL 32607

New Mailing Address:

2717 SW 101 TERRACE
GAINESVILLE, FL 32608

FEI Number: 03-0543524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORNTON, THOMAS M
2717 SW 101 TERRACE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

THORNTON, THOMAS M
2717 SW 101 TERRACE
GAINESVILLE, FL 32608 US

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:

01/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THORNTON, THOMAS M
Address: 2717 SW 101 TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM () Delete
Name: THORNTON, MARY C
Address: 2717 SW 101 TERRACE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THORNTON, THOMAS M
Address: 2717 SW 101 TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM (X) Change () Addition
Name: THORNTON, MARY C
Address: 2717 SW 101 TERRACE
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARY C. THORNTON

MGRM

01/12/2009

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