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Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90028 043 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000040046

1. Entity Name
SIGMA INVESTMENTS LLC

60053708

Principal Place of Business	Mailing Address
2715 NORTH HARBOR CITY BLVD. SUITE 3 MELBOURNE, FL 32935 US	2715 NORTH HARBOR CITY BLVD. SUITE 3 MELBOURNE, FL 32935 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4077 FOUR LAKES DR	4077 FOUR LAKES
Suite, Apt. #, etc.	Suite, Apt. #, etc. DRIVE
City & State MELBOURNE, FL	City & State MELBOURNE, FL
Zip 32940 Country U.S.A	Zip 32940 Country U.S.A

07092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 33-1107865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SAEGER, GRANT
5120 WELLINGTON PARK CIRCLE E27
ORLANDO, FL 32839

7. Name and Address of New Registered Agent

Name Grant Saeger
Street Address (P.O. Box Number is Not Acceptable) 5120 Wellington Park Circle
City Orlando FL Zip Code 32839

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAEGER, GRANT 5120 WELLINGTON PARK CIRCLE E27 ORLANDO, FL 32839	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Saeger, Grant 5120 wellington Park Circle Orlando, FL 32839	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LADAS, LOUIS N 4077 FOUR LAKES DR. MELBOURNE, FL 32940	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 7/27/07 321-591-0481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #