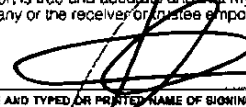


FILED
Jul 30, 2007 8:00 am
Secretary of State

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

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000040046			
1. Entity Name SIGMA INVESTMENTS LLC			
Principal Place of Business 2715 NORTH HARBOR CITY BLVD. SUITE 3 MELBOURNE, FL 32935 US		Mailing Address 2715 NORTH HARBOR CITY BLVD. SUITE 3 MELBOURNE, FL 32935 US	
2. Principal Place of Business - No P.O. Box # 4077 FOUR LAKES DR		3. Mailing Address 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
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 _____ (NOTE: Registered Agent signature required when renewing) 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: 		Date 7/27/07 321-591-0481	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

60053708



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