

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059596

Entity Name: SG REALTY, LLC

FILED
Jan 05, 2009
Secretary of State

Current Principal Place of Business:

8650 S. OCEAN DRIVE
APT 1104
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

8650 S. OCEAN DRIVE
APT 1104
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 26-0093345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURTHA, KEVIN M
7640 NORTH WICKHAM ROAD
SUITE 121
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

HANS, VIRGINIA H
8650 S. OCEAN DR.
1104
JENSEN BEACH, FL 34957 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: VIRGINIA H HANS

01/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIROTE, STANLEY
Address: 8650 S. OCEAN DR #1104
City-St-Zip: JENSEN BEACH, FL 34957

Title: MGR () Delete
Name: HANS, VIRGINIA H
Address: 8650 S OCEAN DR #1104
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: SIROTE, STANLEY
Address: 8650 S. OCEAN DR #1104
City-St-Zip: JENSEN BEACH, FL 34957

Title: MGMR (X) Change () Addition
Name: HANS, VIRGINIA H
Address: 8650 S OCEAN DR #1104
City-St-Zip: JENSEN BEACH, FL 34957

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: VIRGINIA HANS

MGMR

01/05/2009

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