## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000087554

1. Entity Name
SYGA GROUP, L.L.C.



FILED Feb 02, 2007 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

C/O MARC A HERSCHELMAN 1659 SE 8TH ST FORT LAUDERDALE, FL 33316 Mailing Address

C/O MARC A HERSCHELMAN 1659 SE 8TH ST FORT LAUDERDALE, FL 33316



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1964789 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

KRAME, ROBERT M 4000 HOLLYWOOD BLVD STE 485-SOUTH HOLLYWOOD, FL 33021

## DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

110221111	305,12 30021	IN	THIS SPACE
	named entity submits this statement for the purpose of chai tions of registered agent.	Loging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and site if applicable.	(NOTE Registered Agent signature required whien refinetating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2007		U00000617584 02/07/07-80081-006 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERSCHELMAN, MARC A 1659 SE 8TH ST FORT LAUDERDALE, FL 33316		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERSCHELMAN, CORIE 1659 SE 8TH ST FORT LAUDERDALE, FL 33316		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
HILE NAME STREET ADDRESS CITY-SI-ZIP			

11. I hereby certify that the information supplied with this filling 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 cignature 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 provided by my fire provided to execute this report as required by Chapter 608, Florida Statutes

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE