

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90294 012 \*\*\*\*55.00

**DOCUMENT # L05000003782**

1. Entity Name  
**SSGG REALTY, LLC**



Principal Place of Business  
**8650 SOUTH OCEAN DRIVE  
SUITE 1104  
JENSEN BEACH, FL 34957**

Mailing Address  
**8650 SOUTH OCEAN DRIVE  
SUITE 1104  
JENSEN BEACH, FL 34957**

40019839



2. Principal Place of Business

**8650 S. Ocean Blvd**

Suite, Apt. #, etc.

**BLDG 1, Apt 1104**

City & State

**Jensen Beach, FL**

Zip  
**34957**

Country  
**USA**

3. Mailing Address

**8650 S. Ocean Blvd**

Suite, Apt. #, etc.

**BLDG 1, Apt 1104**

City & State

**Jensen Beach, FL**

Zip  
**34957**

Country  
**USA**

01252006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**74-3137839**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SIROTE, STANLEY  
8650 SOUTH OCEAN DRIVE, SUITE 1104  
JENSEN BEACH, FL 34957** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HANS, VIRGINIA H  
8650 SOUTH OCEAN DRIVE, SUITE 1104  
JENSEN BEACH, FL 34957** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**8650 S. Ocean Blvd, BLDG 1, Apt 1104**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**8650 S. Ocean Blvd, BLDG 1, Apt 1104**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/7/06**

Date

**772-229-2848**

Daytime Phone #