2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 26, 2007 8:00 am Secretary of State

DOCUMENT # L05000003782 1. Entity Name SSGG REALTY, LLC						01-26-2007	90077 030) ****55	.00
	AN BLVD 1104 CH, FL 34957	Mailing Address 8650 S OCEAN BLVD BLDG 1, APT 1104 JENSEN BEACH, FL 34957							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8650 S. Ocean Drive							
Suite, Apt. #, etc. #1104		Suite, Apt. #, etc. # I/CH			01112007	Chg-LLC	CR2E08	3 (12/06)	
city & State Jensen Beach, FL		city & State Jensen Beach, FZ			4. FEI Numb	El Number Applied For 74-3137839 Not Applica			
zip 34957	Country	zip 34957	Country			e of Status Desired		5.00 Addi	tional
<u> </u>	6. Name and Address of Current R				7. Name an	d Address of New R		<u></u>	
MURTHA, KEVIN M					0.0 Barristonal		`		
SUITE 121		Street Add			sss (P.O. Box Number is Not Acceptable)				
MELBOUR	RNE, FL 32940		City	ity			Zip Code		
8. The above named entity submits this statement for the purpose obchanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acce									and accept
the obligations of registered agent.									
SIGNATURE Signature, types or printed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	ling Fee is \$50.00 ue by May 1, 2007						e check pay Departmen		
9.	MANAGING MEMBER		10.	IMGR		ADDITIONS/		<u> </u>	
TITLE NAME	SIROTE, STANLEY	☐ Delete	TITLE NAME	Girnto	e, Stanley	brice,#1104	l	⊠ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	8650 S OCEAN BLVD, BLDG 1, A JENSEN BEACH, FL 34957	APT 1104	STREET ADDRESS CITY-ST-ZIP			1, FZ 34957			
TITLE NAME	MGR HANS, VIRGINIA H	☐ Delete	TITLE NAME	MGR			1	Change	☐ Addition
STREET ADDRESS	8650 S OCEAN BLVD, BLDG 1, A	PT 1104	STREET ADDRESS	&50 €	s. Ocean	Drive, # 1104			
CITY-ST-ZIP TITLE	JENSEN BEACH, FL 34957	☐ Delete	CITY-ST-ZIP TITLE	Jeree	SU DEOCH	FL 34957		Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME				İ	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP			5 11 0 11		::-	
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: 1/23/07 772-229-2848									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Dayline Phone #									