

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000036282**

1. Entity Name

SGD HOMES, LLC



Principal Place of Business

Mailing Address

443 ESPANOLA WAY  
SUITE 305  
MIAMI BEACH FL 33139

443 ESPANOLA WAY  
SUITE 305  
MIAMI BEACH FL 33139



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

83-0426197

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINS, GINA  
443 ESPANOLA WAY  
SUITE 305  
MIAMI BEACH FL FL

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

MGR

ROBINS, GINA

443 ESPANOLA WAY, #305  
MIAMI BEACH FL 33139

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

MGR

SUTZ, DEBBIE

443 ESPANOLA WAY, #305  
MIAMI BEACH FL 33139

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change

☐ Addition

000000654099  
03/13/07-80048-016 50.00

TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-STATE-ZIP

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #