## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

**DOCUMENT # L05000041090** 

SGSG ASSOCIATES, LLC



Principal Place of Business

917 1ST ST. N

SUITE 103

JACKSONVILLE BEACH, FL 32250

Mailing Address

917 1ST ST. N

SUITE 103

JACKSONVILLE BEACH, FL 32250





DO NOT WRITE IN THIS SPACE

08212007 No Chg-LLC CR2E083 (11/05)

> Applied For Not Applicable

4. FEI Number 03-0565345

> \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

GUPTA, SHIVANI V 917 1ST ST. N SUITE 103 JACKSONVILLE BEACH, FL 32250 DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.</li></ol>	am familiar with,	and accept
the obligations of registered agent.	_	

(NOTE, Registered Agent signature required when reinstating)

X8/28/07

Filing Fee Is \$50.00 Due by September 14, 2007

9.	MANAGING MEMBERS/MANAGERS
ISTLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUPTA, SHIVANI V 917 1ST ST. N SUITE 103 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	

U00000773362 09/05/07-80008-001 50.00

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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.

