

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-22-2006 90294 011 \*\*\*\*55.00

**DOCUMENT # L05000044683**

1. Entity Name  
SGSG REALTY, LLC



Principal Place of Business  
8650 S. OCEAN DRIVE  
SUITE 1104  
JENSEN BEACH, FL 34957

Mailing Address  
8650 S. OCEAN DRIVE  
SUITE 1104  
JENSEN BEACH, FL 34957

DUPLICATE



2. Principal Place of Business

8650 S. Ocean Blvd  
Suite, Apt. #, etc.  
BLDG 1, APT 1104  
City & State  
Jensen Beach, FL

3. Mailing Address

8650 S. Ocean Blvd  
Suite, Apt. #, etc.  
BLDG 1, APT 1104  
City & State  
Jensen Beach, FL

01262006 Chg-LLC CR2E083 (11/05)

4. FEI Number

13-4298818

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

Date

Daytime Phone #

3/22/06 772-229-3848