2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

04-27-2006 90014 031 ****50.00

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01242006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000045567

1. Entity Name
SGI, LLC

Principal Place of Business	Mailing Address
3110 CAPITAL CIRCLE, NE TALLAHASSEE, FL 32308	283 ROSEHILL DRIVE EAST TALLAHASSEE, FL 32312

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number — Applied For / [X] Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOYLE, DENNIS O 283 ROSEHILL DRIVE EAST TALLAHASSEE, FL 32312	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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHIPPS VENTURES, INC. 3110 CAPITAL CIRCLE, NE TALLAHASSEE, FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 Date Daytime Phone #

ATTACHMENT

36668022
#L05000045567

PHIPPS VENTURES, INC.

May 10, 2006

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: SGI, LLC – Reference Number: L05000045567

Dear Sir or Madam:

Pursuant to your letter dated May 4, 2006, enclosed is the 2006 Limited Liability Company Annual Report with the appropriate box marked in Block 4.

Sincerely,

Dennis Boyle

/kr

Enclosure

3110 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308 (850) 386-2332 FAX (850) 422-1875