

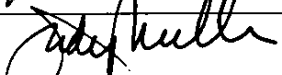


**2006 LIMITED LIABILITY COMPANY  
AMENDED ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90007 007 \*\*\*\*55.00

|  |   |   |   |
|--|---|---|---|
| DOCUMENT # L05000051945  |   |    |   |
| 1. Entity Name<br>SGI LAND COMPANY LLC   |   |   |   |
| Principal Place of Business<br>1444 LA CHONA COURT<br>ATLANTA, GA 30329  |   | Mailing Address<br>PO BOX 6885<br>SAN RAFAEL, CA 94903  |   |
| 2. Principal Place of Business<br><b>PO BOX 6885</b>   |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |
| City & State<br><b>SAN RAFAEL, CA</b>  |   | City & State  |   |
| Zip<br><b>94903</b>  | Country<br><b>USA</b>   | Zip   | Country   |
| 4. FEI Number<br>NOT APPLICABLE  |   | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired   |   | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><br>MILLER, JUDITH<br>1401 MAGNOLIA AVENUE<br>INDIALANTIC, FL 32903   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____  |   | DATE _____  |   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   |   |   |   |
| <b>Amended AR is \$50.00</b>   |   | Make check payable to<br>Florida Department of State  |   |
| 9. MANAGING MEMBERS/MANAGERS   |   | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>MILLER, NANCY L<br>1444 LA CHONA COURT<br>ATLANTA, GA 30329 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>JUDY MILLER<br>PO BOX 6885<br>SAN RAFAEL, CA 94903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>PINKI C. JACKEL<br>135 HWY 98<br>EASTPOINT, FL 32328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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:    |   | 2.25.06 404-876-1640  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   | Date Daytime Phone #  |   |
|   |   | 2.25.06 415-446-7350  |   |