ANNUAL REPORT

FILED Feb 21, 2006 8:00 am Secretary of State

1. Entity Name SFG 2319, LLC						01-23-2006	5 90225 008 **	**55.00
Principal Place of Business 17332 SAINT JAMES COURT BOCA RATON, FL 33496		Mairing Address 17332 SAINT IAMES COURT BOCA RATON, FL 33496						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092006	Chg-LLC	CR2E083 (11/05))	
City & State		City & State			4. FEI Number			pplied For ot Applicable
Zip Country		Zip	Country			1 Status Desired	S5.00 Ad Fee Require	
	6. Name and Address of Current	Registered Agent	stered Agent Name		7. Name and A	Address of New Ra	gistered Agent	
	ILES NT JAMES COURT FON, FL 33496	•		Street Address (P.O. Box Number is Not Acceptable)				
BUCKIN	ion, el sosso			City			FI Zip Cox	do .
8. The above named entity submits this statement for the purpose of changing its register				<u> </u>	ed agent, or both	, in the State of Flor	FL	
the obligations of registered agent. SIGNATURE SIGNATURE Signature, speed or private name of registered agent and little it applicable. (NOTE: Registered Agent agreed Agent agreed when revietaing) OATE								
Filing Fee is \$50.00 Due by May 1, 2006				Care advisors activists	Make check payable to Florida Department of State			
9.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS/0		•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REICH, JULES 17332 SAINT JAMES COURT BOCA RATON, FL 33498	🗀 Deista	HAUNE STREET A CITY-ST	ADORESS 1-72P			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAHN, RANDI MA 347 E. 52ND STREET SIR		TITLE NAME STREET A CITY-ST-	ADDRESS			☐ Change	Addition .
NAME STREET ADDRESS CITY-ST-ZIP	Ocieta IIII NAI STE		TITLE	ADDRESS		•	☐ Change	Addition
TITLE INAME STREET ADDRESS CITY-ST-DP		☐ Delete	TITLE	ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE	ADORESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MAME STREET A CITY-ST	ADORESS - LIP			☐ 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 affect as if made under oath; that I am a managing member or manager of the itmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: 1/17/06 561470-126								<u> 1265</u>

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2006

SFG 2319, LLC 17332 SAINT JAMES COURT BOCA RATON, FL 33496

Subject: SFG 2319, LLC

Reference Number:

L05000063555

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION