2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

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Entity Name: S & G FLORIDA, LLC.

Current Principal Place of Business:

4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

1499 WEST PALMETTO PARK ROAD
SUITE 300
BOCA RATON, FL 33486

Current Mailing Address:

4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR
FORT LAUDERDALE, FL 33308

New Mailing Address:

1499 WEST PALMETTO PARK ROAD
SUITE 300
BOCA RATON, FL 33486

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSENBERG, ARTHUR R
4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

ROSENBERG, ARTHUR R
1499 WEST PALMETTO PARK ROAD
SUITE 300
BOCA RATON, FL 33486 US

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.

SIGNATURE: MICHAEL SOROTZKIN 04/26/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SOROTZKIN, MICHAEL
Address: 4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SOROTZKIN, MICHAEL
Address: 1499 WEST PALMETTO PARK ROAD, SUITE 300
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL SOROTZKIN MGR 04/26/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date