## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Aug 31, 2006 8:00 am Secretary of State DOCUMENT # L05000097695 08-31-2006 90044 036 \*\*\*\*50.00 SG LLC Principal Place of Business Mailing Address 11433 LAKE CYPRESS LOOP FORT MYERS FL 33913 11433 LAKE CYPRESS LOOP FORT MYERS FL 33913 2. Principal Place of Business 3. Mailing Address 11319 LAKE CYPRESS LOOP 11319 LAKE CYPTESS LOOP Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E083 (4/06) 4. FEI Number 20 - 3339041 City & State Fort Myens Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MICHAEL J. MARGH GRIFFITH, PETER Street Address (P.O. Box Number is Not Acceptable) 11433 LAKE CYPRESS LOOP FT. MYERS FL 33913 11319 LAKE CYPRES LOOP 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 age Michael J. MARSH SIGNATURE FILE NOW!!!/FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR VICE PRESIDENT BILE □ Delete TITLE Change ☐ Addition GRIFFITH, PETER NAME GR: FFITH, PETER NAME 11433 LAKE CYPRESS LOOP FORT MYERS FL. 33913 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33913 CITY-ST-ZIP CITY-ST-ZIP President & CEO Marsh, Michael ☐ Delete TITLE Change ☐ Addition MARSH, MIKE NAME 11433 LAKE CYPRESS LOOP 11319 LAKE CYPRESS LOOP FORT MYERS, FL. 33913 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33913 CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete BHE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED