·2006 LIMITED LIABILITY COMPANY ANNUAL REPORT ··

5,

DOCUMENT # L05000098633

1. Entity Name
SGP HOLDINGS LLC

ß 30010867

Principal Place of Business	Mailing Address
7952 TERRACE RIDGE DR *13003 Tellace* TEMPLE TERRACE, FL 33637 *Brook Place*	7952 TERRACE RIDGE DR *13003 Tellace ß* TEMPLE TERRACE, FL 33637

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04282006   Chg-LLC   CR2E083 (11/05)

2. Principal Place of Business *13003 Tellace Brook place*	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State *Temple Tettace · FL*	City & State	4. FEI Number *20-3590117*	Applied For / Not Applicable
Zip *33637* Country *Hillsborough*	Zip · Country	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
PATEL, GHANSHYAM 7952 TERRACE RIDGE DR TEMPLE TERRACE, FL 33637	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	MGR PATEL, GHANSHYAM 7952 TERRACE RIDGE DR *13003 Te* TEMPLE TERRACE, FL 33637	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*13003 Tellace Brook Place .*		☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, SAROJ 7952 TERRACE RIDGE DR TEMPLE TERRACE, FL 33637	☐ 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: _____   *5·12·06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #