2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# L05000122059

Entity Name: S.G.P. TECHNOLOGIES, LLC

Current Principal Place of Business:

444 LAURINA ST.
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

444 LAURINA ST.
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-3982283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PACHECO, SHANNON MGR
444 LAURINA ST.
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: PS ( ) Delete
Name: PACHECO, SHANNON
Address: 444 LAURINA ST.
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP (X) Delete
Name: BARNETT, BRAD L
Address: 6704 HARLOW BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP (X) Delete
Name: SANES, LUCAS R
Address: 8429 SPICEWOOD DR
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHANNON PACHECO P 03/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date