

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016732

Entity Name: SGG DEVELOPERS, LLC

FILED  
Jan 16, 2007  
Secretary of State

**Current Principal Place of Business:**

200 NW 79TH ST.  
MIAMI, FL 33150

**New Principal Place of Business:**

**Current Mailing Address:**

200 NW 79TH ST.  
MIAMI, FL 33150

**New Mailing Address:**

FEI Number: 20-4209993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHWARTZBERG, LEONARD  
200 NW 79TH ST.  
MIAMI, FL 33150 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: MGRM ( ) Delete  
Name: SCHWARTZBERG, LEONARD  
Address: 400 KINGS POINT DR., #1024  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM ( ) Delete  
Name: GERARD, JAMES L  
Address: 12945 CORONADO DR.  
City-St-Zip: N. MIAMI, FL 33181

Title: MGRM ( ) Delete  
Name: GAMARNIK, ALEXANDER  
Address: 1900 SUNSET HARBOUR DR. #1607  
City-St-Zip: MIMI BEACH, FL 33139

**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 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: LEONARD A. SCHWARTZBERG

MRGM

01/16/2007

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