


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90220 032 *****55.00

DOCUMENT # L06000082287
 1. Entity Name
 S GROUP INVESTMENTS LLC



Principal Place of Business: 384 ROSEWOOD CIRCLE, BOCA RATON FL 33487
 Mailing Address: 384 ROSEWOOD CIRCLE, BOCA RATON FL 33487



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number: 20-5362380
 Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent
 SCIORTINO, KATHLEEN A
 384 ROSEWOOD CIRCLE
 BOCA RATON FL 33487

7. Name and Address of New Registered Agent
 Name: SCIORTINO, DOMENICK R.
 Street Address (P.O. Box Number is Not Acceptable): 384 ROSEWOOD CIRCLE
 City: BOCA RATON FL Zip Code: 33487

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: DOMENICK R. SCIORTINO
 Signature, typed or printed name of registered agent and title if applicable (NOTE: registered agent signature required when reinstating)
 DATE: 2/15/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
MGRM	SCIORTINO, DOMENICK R	384 ROSEWOOD CIRCLE	BOCA RATON FL 33487	<input type="checkbox"/>
MGRM	SCIORTINO, KATHLEEN A	384 ROSEWOOD CIRCLE	BOCA RATON FL 33487	<input type="checkbox"/>
MGRM	SCIORTINO, DAWN E	384 ROSEWOOD CIRCLE	BOCA RATON FL 33487	<input type="checkbox"/>
MGRM	SCOTTEN, DONALD M	384 ROSEWOOD CIRCLE	BOCA RATON FL 33487	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DOMENICK R. SCIORTINO
 Signature and typed or printed name of signing managing member, manager, or authorized representative
 Date: 2/15/07
 Daytime Phone #: (561) 998-9348