## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 16, 2007 8:00 am Secretary of State

				04 1 C 2007 002 (C 021 ****50 00		
DOCUMENT # L06000111049  1. Entity Name SG-JT PROPERTIES, L.L.C.				04-16-2007 90346 021 ****50.00		
Principal Place of Business 655 HIBISCUS DRIVE HALANDALE BEACH, FL 33009		Mailing Address 655 HIBISCUS DRIVE HALANDALE BEACH, FL	. 33009	e003e30e		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	<del></del>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007 Chg-LLC CR2E083 (12/06)		
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Fee Regulred		
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent		
HALANDA	CUS DRIVE LE BEACH, FL 33009		Street Address	ss (P.O. Box Number is Not Acceptable)		
14,			City	FL Zip Code	_	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and acce	pt	
SIGNATURE .	Signature, typed or printed name of registered ager	Lond trie describents (NOT)	E: Registered Agent signature requi	uired when reinstating) DATE		
Fi	ling Fee is \$50.00 ue by May 1, 2007	i and die ii guptade	C. Treysletoù nyek ay suiz e 1902	Make check payable to Florida Department of State		
9.	MANAGING MEMB	ERS/MANAGERS	10.	ADDITIONS/CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	MGR TARTELL, JODI 655 HIBISCUS DRIVE	☐ Delete	TITLE	☐ Change ☐ Addi	_	
TITLE		۵	NAME STREET ADDRESS CUTY-ST-7IP	Cinnigo	ition	
STREET ADDRESS	HALANDALE BEACH, FL 3300	9 🗀 Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Change ☐ Addi		
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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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: JODI TOTTELL 4/1/07 305 725-7725
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Proce 9