

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112162

Entity Name: SGS 11724, LLC

FILED  
Jan 15, 2009  
Secretary of State

**Current Principal Place of Business:**

11724 SE FLORIDA AVENUE  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

180 ST. ALBANS  
MEMPHIS, TN 38111

**New Mailing Address:**

FEI Number: 20-5912319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAW OFFICES OF W. TRENT STEELE  
8902 SE BRIDGE ROAD  
HOBE SOUND, FL 33455 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: MORTEN, JOHN G  
Address: 180 ST. ALBANS  
City-St-Zip: MEMPHIS, TN 38111

Title: MGR ( ) Delete  
Name: FISHER, SARAH H  
Address: 1708 CIRCLE ROAD  
City-St-Zip: RUXTON, MD 21204

Title: MGR ( ) Delete  
Name: MORTEN, SPENCER W  
Address: P.O. BOX 445  
City-St-Zip: STANLEYTOWN, VA 24168

**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: JOHN G. MORTEN

MR

01/15/2009

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