


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90043 003 ****50.00

DOCUMENT # L06000113216

1. Entity Name
 S.I.G. LLC



Principal Place of Business
 40 SARAGOSSA STREET
 SUITE 2
 ST AUGUSTINE, FL 32084

Mailing Address
 40 SARAGOSSA STREET
 SUITE 2
 ST AUGUSTINE, FL 32084

60036229



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

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

03082007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-805-4746

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

THOMSON, CRAIG S
 40 SARAGOSSA STREET
 SUITE 2
 ST AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME THOMSON, CRAIG S
 STREET ADDRESS 40 SARAGOSSA STREET SUITE 2
 CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME CASTAGNA, DANIEL J
 STREET ADDRESS 4200 WICKS BRANCH RD
 CITY-ST-ZIP ST AUGUSTINE, FL 32086

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME HIGGINS, AARON J
 STREET ADDRESS 8 SEVILLA STREET
 CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE MGRM Change Addition
 NAME Higgins, Aaron J
 STREET ADDRESS 48 Saragossa Street - Suite 1
 CITY-ST-ZIP St. Augustine, FL 32084

TITLE MGRM Delete
 NAME DALY, AMELIA L
 STREET ADDRESS 8 SEVILLA STREET
 CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE MGRM Change Addition
 NAME Daly, Amelia L
 STREET ADDRESS 40 Saragossa Street - Suite 1
 CITY-ST-ZIP St. Augustine, FL 32084

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE: Craig Thomson 4/10/07 904: 377. 4623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #