

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113216

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: S.I.G. LLC

**Current Principal Place of Business:**

40 SARAGOSSA STREET  
SUITE 2  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

40 SARAGOSSA STREET  
SUITE 2  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 20-8054746      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

THOMSON, CRAIG S  
40 SARAGOSSA STREET  
SUITE 2  
ST AUGUSTINE, FL 32084 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: THOMSON, CRAIG S  
Address: 40 SARAGOSSA STREET SUITE 2  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: MGRM ( ) Delete  
Name: CASTAGNA, DANIEL J  
Address: 4200 WICKS BRANCH RD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGRM ( ) Delete  
Name: HIGGINS, AARON J  
Address: 40 SARAGOSSA ST STE 1  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: MGRM ( ) Delete  
Name: DALY, AMELIA L  
Address: 40 SARAGOSSA ST STE 1  
City-St-Zip: ST AUGUSTINE, FL 32084

**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:

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: CRAIG S. THOMSON

P

04/30/2008

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