

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043909

FILED
Apr 10, 2009
Secretary of State

Entity Name: S.G.I. ISTHMUS, LLC.

Current Principal Place of Business:

207 WEST PARK AVE STE B
TALLAHASSEE, FL 32301

New Principal Place of Business:

207 W. PARK AVE., SUITE A
TALLAHASSEE, FL 32301

Current Mailing Address:

207 WEST PARK AVE STE B
TALLAHASSEE, FL 32301

New Mailing Address:

P.O. BOX 10910
TALLAHASSEE, FL 32302

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTMAN, DANIEL W
207 WEST PARK AVE STE B
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

HARTMAN LAW FIRM, P.A.
207 WEST PARK AVE
SUITE A
TALLAHASSEE, FL 32301 US

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: DANIEL W. HARTMAN

04/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MULTIPLE OWNER PROPERTIES, INC
Address: 1532 EAST GULF BEACH DRIVE
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: MGRM () Delete
Name: BROWN MANAGEMENT GROUP INC
Address: 3200 COMMONWEALTH BLVD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES:

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: DANIEL W. HARTMAN

AGNT

04/10/2009

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