

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000641

FILED
Mar 17, 2006
Secretary of State

Entity Name: SG CYPRESS COVE VENTURE, LLC

Current Principal Place of Business:

5605 GLENRIDGE DRIVE
SUITE 760
ATLANTA, GA 30342

New Principal Place of Business:

Current Mailing Address:

ONE PREMIER PLAZA, 5605 GLENRIDGE DRIVE
SUITE 760
ATLANTA, GA 30342

New Mailing Address:

FEI Number: 58-2534861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: THE SHOPTAW GROUP,
Address: 5605 GLENRIDGE DRIVE, SUITE 760
City-St-Zip: ATLANTA, GA 30342

Title: MGR () Delete
Name: RICHARDS, EMILY-MAY COO/CFO
Address: 5605 GLENRIDGE DRIVE, SUITE 760
City-St-Zip: ATLANTA, GA 30342

Title: MGR () Delete
Name: SHOPTAW, BILL W CEO
Address: 5605 GLENRIDGE DRIVE, SUITE 760
City-St-Zip: ATLANTA, GA 30342

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 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: EMILY-MAY RICHARDS

COO

03/17/2006

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