2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 AUG 23 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000000859

1. Entity Name
501SG, LLC

Principal Place of Business	Mailing Address
230 PARK AVE STE 1541 NEW YORK, NY 10169	230 PARK AVE STE 1541 NEW YORK, NY 10169

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07262007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
85 Bellevue Avenue		c/o Richard Gale 1050 Connecticut Ave., NW	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State: Rye, New York		City & State: Washington, DC	
Zip: 10580	Country: USA	Zip: 20036	Country

4. FEI Number: 20-0752877 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C/T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

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[redacted]

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STERNBERG, STUART 230 PARK AVE, STE 1541 NEW YORK, NY 10169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200108708382 08/28/07--01038--005 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] STUART STernberg 8/10/07 212-867-3773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #