


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90159 049 \*\*\*150.00

<b>DOCUMENT # P98000047532</b> 1. Entity Name S G OF SOUTH FLORIDA, INC.	
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Principal Place of Business 5000 T-REX AVENUE STE 150 SUITE 150 BOCA RATON, FL 33431	Mailing Address 5000 T-REX AVENUE STE 150 SUITE 150 BOCA RATON, FL 33431
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**DO NOT WRITE IN THIS SPACE**



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0842434	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SIEGAL, NED L 5000 T-REX AVENUE, STE 150 BOCA RATON, FL 33431
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SIEGAL, NED L 5000 T-REX AVENUE STE 150 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GRUNDT, BRUCE S 5000 T-REX AVENUE STE 150 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHMAN, FRED B 5000 T REX AVENUE SUITE 156 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	BRUCE S. GRUNDT VILE PRESIDENT	4/27/06 Date	(561) 998-8200 Daytime Phone #
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# ATTACHMENT

40077783

5000 T-Rex Avenue, Suite 150  
Boca Raton, FL 33431  
Tel: (561) 998-9200 Fax: (561) 998-7882

VIA CERTIFIED MAIL - 7006 0100 0002 3717 5863

April 27, 2006

Florida Department of State  
Division of Corporations  
PO Box 6478  
Tallahassee, FL 32314

RE: Annual Report - 2006

Enclosed, please find the below listed entities payment(s) for the annual report, as follows:

<u>Entity</u>	<u>Document #</u>	<u>Payment</u>
NLS Communities, Inc	P96000090200	\$ 150.00
NLS Communities, Building & Design	P96000090204	\$ 150.00
SG of South Florida, Inc	P98000047532	\$ 150.00
SG at Ibis, Inc	P96000090221	\$ 150.00

Very truly yours,



Roseann Coraci  
NLS Communities