

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Dec 12, 2007  
Secretary of State**

DOCUMENT# L05000051945

Entity Name: SGI LAND COMPANY LLC

**Current Principal Place of Business:**

454 LAS GALLINAS AVENUE, SUITE 171  
SAN RAFAEL, CA 94903

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6885  
SAN RAFAEL, CA 94903

**New Mailing Address:**

FEI Number: 84-1681066      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MILLER, JUDITH  
1B VENETIAN WAY  
INDIAN HARBOR BEACH, FL 32937    US

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

MILLER, JUDITH  
135 HIGHWAY 98  
EASTPOINT, FL 32328    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: \_\_\_\_\_ 12/12/2007  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM    ( ) Delete  
Name: WALLACH, LEWIS  
Address: 100 ROWLAND WAY, SUITE 115  
City-St-Zip: NOVATO, CA 94945

Title: MGRM    ( ) Delete  
Name: MILLER, JUDY  
Address: PO BOX 6885  
City-St-Zip: SAN RAFAEL, CA 94903

Title: MGRM    ( ) Delete  
Name: JACKEL, PINKI C  
Address: 135 HWY 98  
City-St-Zip: EASTPOINT, FL 32328

Title:            ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MEMB    (X) Change ( ) Addition  
Name: GOOD WORKS, INC.,  
Address: 454 LAS GALLINAS AVENUE #171  
City-St-Zip: SAN RAFAEL, CA 94903

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MNGR    ( ) Change (X) Addition  
Name: MILLER, JUDY  
Address: 454 LAS GALLINAS AVENUE #171  
City-St-Zip: SAN RAFAEL, CA 94903

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: PINKI JACKEL      MGRM      12/12/2007  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date