
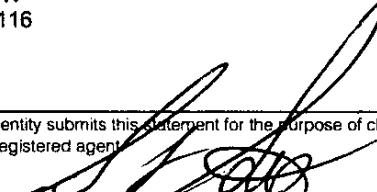


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90273 034 ****50.00

DOCUMENT # L03000012625			
1. Entity Name S F SUTTER BUILDERS LLC			
Principal Place of Business 2178 J&C BLVD NAPLES, FL 34109 US		Mailing Address 2178 J&C BLVD NAPLES, FL 34109 US <i>S F Sutter Builders</i>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>3084 52nd St Sw</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>NAPLES FL</i>	
City & State		City & State	
Zip	Country	Zip <i>34116</i>	Country <i>USA</i>
4. FEI Number 43-2010151		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SUTTER, STEPHEN F 3084 52ND ST SW NAPLES, FL 34116		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 		DATE <i>2/10/07</i>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUTTER, STEPHEN F 3084 52ND ST. SW NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHEN SUTTON, ZACHARY 3084 52ND ST SW NAPLES, FL 34116 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUTTER, MIKE 3084 52ND ST SW NAPLES, FL 34116 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date <i>2/10/07</i> Daytime Phone # <i>239 455 8024</i>	