


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000035575</b> <small>1. Entity Name</small> <b>WAGLER BUILDERS, LLC</b>	
--	---

<small>Principal Place of Business</small> <b>P.O. BOX 7354</b> <b>SARASOTA FL 34278</b>	<small>Mailing Address</small> <b>P.O. BOX 7354</b> <b>SARASOTA FL 34278</b>
--	--



<small>2. Principal Place of Business</small>	<small>3. Mailing Address</small>	
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>	<b>1st MOORE CR2E083 (10/05)</b>
<small>City &amp; State</small>	<small>City &amp; State</small>	<small>4. FEI Number</small> <b>20-1167033</b>
<small>Zip</small>	<small>Country</small>	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>

<small>6. Name and Address of Current Registered Agent</small>  <b>SABA, RICHARD D ESQ</b> <b>SABA &amp; KING, LLP</b> <b>2033 MAIN STREET, SUITE 303</b> <b>SARASOTA FL 34237</b>	<small>7. Name and Address of New Registered Agent</small> <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small>  <small>City</small> <span style="float: right;"><b>FL</b> <small>Zip Code</small></span>
---	--

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
<small>TITLE</small>	MGRM	
<small>NAME</small>	WAGLER, BRENT L	
<small>STREET ADDRESS</small>	8350 BOLEYN ROAD	
<small>CITY-ST-ZIP</small>	SARASOTA FL 34240	
<small>TITLE</small>	MGRM	
<small>NAME</small>	WAGLER, PETER	
<small>STREET ADDRESS</small>	7398 CASTLE DRIVE	
<small>CITY-ST-ZIP</small>	SARASOTA FL 34240	
<small>TITLE</small>		<input type="checkbox"/> Delete
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>TITLE</small>		<input type="checkbox"/> Delete
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>TITLE</small>		<input type="checkbox"/> Delete
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Add
<small>TITLE</small>			
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>			
<small>TITLE</small>		<input type="checkbox"/> Change	<input type="checkbox"/> Add
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>			
<small>TITLE</small>		<input type="checkbox"/> Change	<input type="checkbox"/> Add
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>			
<small>TITLE</small>		<input type="checkbox"/> Change	<input type="checkbox"/> Add
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>			

U00000422704  
02/17/06-80028-006 50.00

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *x Peter Wagler* **x 1/31/06** **x 941-923-4511**