


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000035575**  
 1. Entity Name  
**WAGLER BUILDERS, LLC**



Principal Place of Business P.O. BOX 7354 SARASOTA, FL 34278	Mailing Address P.O. BOX 7354 SARASOTA, FL 34278
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**DO NOT WRITE IN THIS SPACE**



01162008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1167033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SABA, RICHARD D ESQ  
 SABA & KING, LLP  
 2033 MAIN STREET, SUITE 303  
 SARASOTA, FL 34237

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WAGLER, BRENT L 8350 BOLEYN ROAD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WAGLER, PETER 7398 CASTLE DRIVE SARASOTA, FL 34240
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 02/20/08-80069-004 138.75

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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: Peter Wagler PETER WAGLER 2/6/08 941-923-4517  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #