

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060191

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: SAPPHIRE DEVELOPMENTS LLC

**Current Principal Place of Business:**

362 MAIN STREET  
DUNEDIN, FL 34698 US

**New Principal Place of Business:**

13441 105TH TERRACE NORTH  
LARGO, FL 33774 US

**Current Mailing Address:**

362 MAIN STREET  
DUNEDIN, FL 34698 US

**New Mailing Address:**

13441 105TH TERRACE NORTH  
LARGO, FL 33774 US

FEI Number: 20-5109460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KILLEEN, JOHN P  
105TH TERRACE NORTH  
13441  
LARGO, FL 33774 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SAPPHIRE DEVELOPMENTS LTD IOM  
Address: C/O 362 MAIN STREET  
City-St-Zip: DUNEDIN, FL 34698 US

Title: MGRM ( ) Delete  
Name: JLK DEVELOPMENTS INC  
Address: 13441 105TH TERRACE NORTH  
City-St-Zip: LARGO, FL 33774 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SAPPHIRE DEVELOPMENTS LTD IOM  
Address: 13441 105TH TERRACE NORTH  
City-St-Zip: LARGO, FL 33774 US

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

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: JOHN PAUL KILLEEN

MGRM

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date