

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005454

Entity Name: SAPPHIRE HOMES LLC

FILED
Feb 16, 2004
Secretary of State

Current Principal Place of Business:

1305 NE 104 ST
MIAMI, FL 33138

New Principal Place of Business:

605 N.E. 123 STREET
N. MIAMI, FL 33161

Current Mailing Address:

1305 NE 104 ST
MIAMI, FL 33138

New Mailing Address:

605 N.E. 123 STREET
N. MIAMI, FL 33161

FEI Number: 31-1794440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICOLEAU, RAYNETTE
1305 NE 104 ST
MIAMI, FL 33138

Name and Address of New Registered Agent:

NICOLEAU, MICHAEL
605 N.E. 123 STREET
N. MIAMI, FL 33161

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: MICHAEL NICOLEAU

02/16/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: NICOLEAU, RAYNETTE
Address: 1305 NE 104 ST.
City-St-Zip: MIAMI, FL 33138

Title: MGRM () Delete
Name: NICOLEAU, MICHAEL
Address: 1305 NE 104 ST.
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NICOLEAU, RAYNETTE
Address: 605 N.E. 123 STREET
City-St-Zip: N. MIAMI, FL 33161

Title: MGRM (X) Change () Addition
Name: NICOLEAU, MICHAEL
Address: 605 N.E. 123 STREET
City-St-Zip: N. MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAYNETTE NICOLEAU

MEM

02/16/2004

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