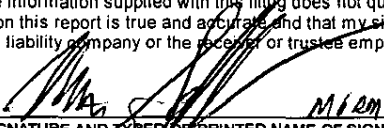


LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90065 012 ****50.00

DOCUMENT # L02000003997			
1. Entity Name SAWGRASS DEVELOPERS, L.L.C.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1597 S PORT ST LUCIE BLVD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State PORT ST LUCIE FL		City & State	
Zip 34952		Country	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name SCHAFFER, MARTIN			
Street Address (P.O. Box Number is Not Acceptable) 1597 S PORT ST LUCIE BLVD			
City PORT ST LUCIE FL Zip Code 34952			
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 Signature, typed or printed name of registered agent and title if applicable.			
DATE			
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
MGRM SCHAFFER, MARTIN 1597 S PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
11. I hereby certify that the information supplied with this filing does not qualify 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 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:  MGRM			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date 4/28/03 Daytime Phone #			