2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000001606

1. Entity Name
SAUNDERS FAMILY ASSET MANAGEMENT, LLC

Principal Place of Business	Mailing Address
100 S. WASHINGTON BLVD. SARASOTA, FL 34236	100 S. WASHINGTON BLVD. SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

01232007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

REES, PAULA
100 S WASHINGTON BLVD
SARASOTA, FL 34231

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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   (NOTE Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

U00000708331
04/24/07-90150-004 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MICHAEL SAUNDERS & COMPANY
STREET ADDRESS	100 S. WASHINGTON BLVD.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 01.26.07 President 941-955-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #