

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90273 034 \*\*\*\*50.00

<b>DOCUMENT # L03000012625</b>					
<b>1. Entity Name</b> S F SUTTER BUILDERS LLC					
<b>Principal Place of Business</b> 2178 J&C BLVD NAPLES, FL 34109 US			<b>Mailing Address</b> 2178 J&C BLVD NAPLES, FL 34109 US <i>S F Sutter Builders</i>		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> <i>3084 52nd St SW</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>NAPLES FL</i>			
City & State		City & State		<b>4. FEI Number</b> 43-2010151	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <i>34116</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  SUTTER, STEPHEN F 3084 52ND ST SW NAPLES, FL 34116			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code		
<b>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.</b> SIGNATURE <i>[Signature]</i> <i>S F Sutter</i> DATE <i>2/10/07</i> <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUTTER, STEPHEN F 3084 52ND ST. SW NAPLES, FL 34116	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHEN SUTTON, ZACHARY 3084 52ND ST SW NAPLES, FL 34116	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUTTER, MIKE 3084 52ND ST SW NAPLES, FL 34116	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>		Date <i>2/10/07</i>		Daytime Phone # <i>239 455 8024</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					