

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90173 017 ****50.00

DOCUMENT # L03000027544	
1. Entity Name SAPPHIRE PROPERTIES OF CENTRAL FLORIDA, LLC	



Principal Place of Business 100 W. GORE ST. SUITE 405 ORLANDO, FL 32806 US	Mailing Address 100 W. GORE ST. SUITE 405 ORLANDO, FL 32806 US
--	--

40115084



02082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2387371	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**HUNTER, PATRICK
100 WEST GORE STREET
STE 405
ORLANDO, FL 32806**
**FLORIDA UROLOGY GROUP, P.A.
21 W. COLUMBIA ST., SUITE 101
ORLANDO, FLORIDA 32806**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUNTER, PAT 100 W. GORE ST., STE 405 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANDERSON, AXEL 100 W. GORE ST., STE 405 ORLANDO, FL 32806
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	

**DO NOT WRITE
IN THIS SPACE**

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #