# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** Jan 29, 2007 08:00 AM Secretary of State

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1. Entity Name

WAGLER BUILDERS, LLC



Principal Place of Business

P.O. BOX 7354 SARASOTA, FL 34278 Mailing Address

P.O. BOX 7354 SARASOTA, FL 34278



#### DO NOT WRITE IN THIS SPACE

01232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For 20-1167033 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SABA, RICHARD D ESQ SABA & KING, LLP 2033 MAIN STREET, SUITE 303 SARASOTA, FL 34237

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| <ol><li>The above named entity submits this statement for the purpose of chang<br/>the obligations of registered agent.</li></ol> | ging its registered office or registered agent, or both      | , in the State of Florida. I am familiar with, and accep | ī |
|---|--|--|---|
| 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

U00000607640 01/31/07-80045-021 50.00

| 9.                                       | MANAGING MEMBERS/MANAGERS   |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP    | MGRM<br>WAGLER, BRENT L<br>8350 BOLEYN ROAD<br>SARASOTA, FL 34240 |
| TITLE  MAME  STREET ADDRESS  CITY-SI-ZIP | MGRM<br>WAGLER, PETER<br>7398 CASTLE DRIVE<br>SARASOTA, FL 34240  |
| 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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### 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 true be empowered to execute this report as required by Chapter 608, Florida Statutes.

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