


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90029 050 \*\*\*\*50.00

**DOCUMENT # L04000081511**

1. Entity Name  
**SAPPHIRE BUILDERS, LLC**



Principal Place of Business  
**618 NW 60TH STREET  
 SUITE A  
 GAINESVILLE, FL 32607**

Mailing Address  
**618 NW 60TH STREET  
 SUITE A  
 GAINESVILLE, FL 32607**

**20049901**



2. Principal Place of Business  
**100 SW 75<sup>th</sup> Street**

3. Mailing Address  
**100 SW 75<sup>th</sup> Street**

Suite, Apt. #, etc.  
**Ste 205**

03242005 Chg-LLC CR2E083 (10/03)

City & State  
**Gainesville, FL**

City & State  
**Gainesville, FL**

Zip  
**32607**

Country  
**US**

4. FEI Number  
**20-2039378**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PUGH, MERRILL  
 618 NW 60TH STREET  
 SUITE A  
 GAINESVILLE, FL 32607**

7. Name and Address of New Registered Agent

Name  
**Pugh, Merrill**

Street Address (P.O. Box Number is Not Acceptable)  
**100 SW 75<sup>th</sup> Street**

**Ste 205**

City  
**Gainesville**

FL Zip Code  
**32607**

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]* DATE 4/14/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUGH, MERRILL 618 NW 60TH STREET, SUITE A GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm Pugh, Merrill 100 SW 75 <sup>th</sup> Street Ste 205 Gainesville, FL 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAYTON, MICHAEL 618 NW 60TH STREET, SUITE A GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm Clayton, Michael 100 SW 75 <sup>th</sup> Street Ste 205 Gainesville, FL 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE 4/14/05 DAYTIME PHONE # 352-331-3343

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