


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000081511 1. Entity Name SAPPHIRE BUILDERS, LLC	
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Principal Place of Business 100 SW 75TH STREET, STE 205 GAINESVILLE, FL 32607	Mailing Address 100 SW 75TH STREET, STE 205 GAINESVILLE, FL 32607
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DO NOT WRITE IN THIS SPACE



01312006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2039378	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PUGH, MERRILL
 100 SW 15TH STREET, STE 205
 GAINESVILLE, FL 32607

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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)

Filing Fee is \$50.00 Due by May 1, 2006 04/29/06-80204-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PUGH, MERRILL
STREET ADDRESS	100 SW 75TH STREET, STE 205
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	MGRM
NAME	CLAYTON, MICHAEL
STREET ADDRESS	100 SW 75TH STREET, STE 205
CITY-ST-ZIP	GAINESVILLE, FL 32607
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:  Merrill Pugh 4/3/06 352-331-3343

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