

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90320 045 ***138.75

DOCUMENT # L04000081511



1. Entity Name
 SAPHIRE BUILDERS, LLC

Principal Place of Business
 100 SW 75TH STREET, STE 205
 GAINESVILLE, FL 32607

Mailing Address
 100 SW 75TH STREET, STE 205
 GAINESVILLE, FL 32607

60026280



03202008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2039378	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUGH, MERRILL 100 SW 75TH STREET, STE 205 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAYTON, MICHAEL 100 SW 75TH STREET, STE 205 GAINESVILLE, FL 32607
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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 4/15/08 352-331-3343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #