2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# L04000090797

Entity Name: SAPUTO REALTY & RENTALS LLC

Current Principal Place of Business:

47698 WOODBERRY ESTATES DRIVE
MACOMB, MI 48044 US

New Principal Place of Business:

Current Mailing Address:

47698 WOODBERRY ESTATES DRIVE
MACOMB, MI 48044 US

New Mailing Address:

FEI Number: 20-2064470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORM-A-CORP LLC
100 VILLAGE SQUARE CROSSING
SUITE 103
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	GURA-SAPUTO, MARY LOU	
Address:	47698 WOODBERRY ESTATES DRIVE	
City-St-Zip:	MACOMB, MI 48044 US	
Title:	MGRM	( ) Delete
Name:	SAPUTO, ANTHONY	
Address:	47698 WOODBERRY ESTATES DRIVE	
City-St-Zip:	MACOMB, MI 48044 US	
Title:	MGRM	( ) Delete
Name:	GURA, STEVEN P	
Address:	27936 JEAN STREET	
City-St-Zip:	WARREN, MI 48093 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARY LOU GURA-SAPUTO MGRM 04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date