

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090797

FILED
Apr 28, 2006
Secretary of State

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/MANAGERS:

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 Chapter 119, 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

04/28/2006

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