2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000003627

1. Entity Name
GARY J. SAVARD, REPAIRS LLC
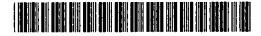
Principal Place of Business	Mailing Address
855 100TH AVE. N.	855 100TH AVE. N.
NAPLES, FL 34108	NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE

01152007No Chg-LLC   CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAVARD, GARY J
855 100TH AVE. N.
NAPLES, FL 34108

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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)   DATE

Filing Fee is $50.00
Due by May 1, 2007

U00000592123
01/19/07-80049-022 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SAVARD, GARY J
STREET ADDRESS	855 100TH AVE. N.
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Gary Savard_   1-16-07   235-573-0592

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