

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 13 AM 9:17

DOCUMENT # L05000054465					
1. Entity Name SAPPHERE LAKES, LLC					
Principal Place of Business 900 CENTRAL PARKE CIRCLE APT. # 107 LAKELAND, FL 33805			Mailing Address 900 CENTRAL PARKE CIRCLE APT. # 107 LAKELAND, FL 33805		
2. Principal Place of Business 4831 ISLAND STOKES LANE Suite, Apt. #, etc.		3. Mailing Address 4831 ISLAND STOKES LANE Suite, Apt. #, etc.			
City & State LAKE LAND, FL.		City & State LAKE LAND, FL.		4. FEI Number 20-2919063	
Zip 33809		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTER, MICHAEL JOHN 900 CENTRAL PARKE CIRCLE APT. # 107 LAKELAND, FL 33805				7. Name and Address of New Registered Agent Name: <u>M. CARLEN JOHN CARTER</u> Street Address (P.O. Box Number is Not Acceptable): <u>4831 ISLAND STOKES LANE</u> City: <u>LAKE LAND</u> FL <u>33809</u>	
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: <u>[Signature]</u> <u>M. CARLEN JOHN CARTER MGR</u> <u>6/5/06</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$50.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARTER, MICHAEL J MEMBER 900 CENTRAL PARKE CIRCLE APT. # 107 LAKELAND, FL 33805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M. CARLEN JOHN CARTER-MEMBER 4831 ISLAND STOKES LANE LAKE LAND, FL. 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u>				Date: <u>6/5/06</u> Daytime Phone #: <u>863-698-0701</u>	