

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000068856

1. Entity Name
SAPPHIRE BAY DEVELOPMENT LLC



Principal Place of Business
C/O JOHN P. BRACKEN, ESQ.
1601 VETERANS MEMORIAL HWY, STE 300
ISLANDIA, NY 11749

Mailing Address
C/O JOHN P. BRACKEN, ESQ.
1601 VETERANS MEMORIAL HWY, STE 300
ISLANDIA, NY 11749



01252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3143096

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRACKEN, JOHN P
2511 S.W. MANOR HILL DRIVE
PALM CITY, FL 34990

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRACKEN, JOHN P
STREET ADDRESS	1601 VETERANS MEMORIAL HWY, STE 300
CITY-ST-ZIP	ISLANDIA, NY 11749

TITLE	
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02/12/08-80073-009 138.75

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/29/08 631-234-8585