


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90072 048 ***138.75


DOCUMENT # L05000069391		
1. Entity Name SAPHIRE, LLC		

Principal Place of Business 351 GRANADA FT. PIERCE, FL 34949 US	Mailing Address 4515 N MCKINLEY #1100 LITTLE ROCK, AR 72205 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 415 N. MCKINLEY #1100
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State LITTLE ROCK, AR
Zip	Zip 72205
Country	Country US

50007901



07032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5373839	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GORMAN, ROBERT J 1209 DELAWARE AVE FT. PIERCE, FL 34950	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGM FRESHOUR, SANDY 351 GRANADA AVE. FT. PIERCE, FL 34949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Chris Bailey* **CPA** 7/3/08 (501)666-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #