


FILED  
Apr 26, 2007 8:00 am  
Secretary of State

03-13-2007 90122 017 \*\*\*\*50.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)

<b>DOCUMENT # L08000017315</b>			
1. Entity Name <b>SUTTON COPPER CREEK DEVELOPERS, LLC</b>			
Principal Place of Business <b>1801 CLINT MOORE ROAD, SUITE 204 BOCA RATON FL 33487</b>		Mailing Address <b>1801 CLINT MOORE ROAD, SUITE 204 BOCA RATON FL 33487</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>26-0137008</b>		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 <b>GLOCKMAN, LARRY Z ESQ. C/O SACHS SAX KLEIN 1850 S.W. FOUNTAINVIEW BLVD., SUITE 207 PORT ST. LUCIE FL 34986</b>		7. Name and Address of New Registered Agent <b>DAVID YUDELL</b> (Street Address is Not Acceptable) City <b>FL</b> Zip Code	
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 _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS			
(101) NAME SUFFIX ADDRESS CITY ST ZIP	<b>DAVID YUDELL</b> <b>1801 CLINT MOORE RD #204</b> <b>BOCA RATON FL 33487</b> <b>Member Manager</b> <input type="checkbox"/> Officer	(102) NAME SUFFIX ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
(103) NAME SUFFIX ADDRESS CITY ST ZIP	<input type="checkbox"/> Officer	(104) NAME SUFFIX ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
(105) NAME SUFFIX ADDRESS CITY ST ZIP	<input type="checkbox"/> Officer	(106) NAME SUFFIX ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
(107) NAME SUFFIX ADDRESS CITY ST ZIP	<input type="checkbox"/> Officer	(108) NAME SUFFIX ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
(109) NAME SUFFIX ADDRESS CITY ST ZIP	<input type="checkbox"/> Officer	(110) NAME SUFFIX 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 Section 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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <b>DAVID YUDELL</b> <b>Manager</b> <b>26/07</b> <b>861-998 6095</b> _____ Signature and Title of Person Filing as Sole or Managing Member, Manager or Authorized Representative			

ATTACHMENT

3006 5759

**SUTTON MANAGEMENT CORPORATION**

Investments • Construction • Development

1801 Clint Moore Road, Suite 204, Boca Raton, FL 33487

Tel - 561-998-6055

Fax - 561-999-0395

April 23, 2007


Annual Reports Section  
Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Re: L06000017315

To whom it may concern,

You have returned the enclosed three times now. Apparently we do not understand what it is you are asking for. The title for the managing member has been supplied. He is known as simply, member. If this does not satisfy your requirements, please send us additional information so that we may clarify whatever it is you need. We would have called however you did not provide a phone number for communication. We would sincerely appreciate your help with this matter via a clearer communication of what we need to supply you with.

Sincerely,

  
Debbie L Garnett  
Office Manager