

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L06000018042

1. Entity Name  
SAWTOOTH CAPITAL LLCPrincipal Place of Business  
12400 HARBOUR RIDGE BLVD  
PALM CITY, FL 34990Mailing Address  
12400 HARBOUR RIDGE BLVD  
PALM CITY, FL 34990

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

07172007 Chg-LLC CR2E003 (12/06)

City &amp; State

City &amp; State

4. EIN Number

95-4716174

Applied For

Not Applicable

Zip

Zip

County

6. Certificate of Status Desired

 \$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

INCORP SERVICES INC  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature includes state registration)

DATE

Filing Fee is \$50.00  
Due by September 14, 2007Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

## 10.

## ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  Addition Change  Addition Change  Addition Change  Addition Change  Addition Change  Addition Change  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: Stanford R. Joseph, MGR. Date: 7/23/07 772-336-4701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #