

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

05-01-2007 90315 014 ****50.00

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DOCUMENT # L06000050769					
1. Entity Name LAKE SAPPHIRE, LLC					
Principal Place of Business 2009 LAKE DRIVE CASSELBERRY, FL 32707			Mailing Address 15000 BONNIE BRAE LANE SARATOGA, CA 95070		
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 26-202-27-7226 0346978	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when renouncing)					
Filing Fee is \$50.00 Due by May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	MONTGOMERY LIVING TRUST DATED JULY 25, 199	NAME			
STREET ADDRESS	15000 BONNIE BRAE LANE	STREET ADDRESS			
CITY - ST - ZIP	SARATOGA, CA 95070	CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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 606, Florida Statutes.					
MARJORIE HUGILL MONTGOMERY, Trustee, Managing Member					
SIGNATURE: <i>Marjorie Hugill Montgomery, Trustee</i>			4-2507 408-205-5884		
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		