


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000092269		
1. Entity Name DAVID SAPP LLC		

Principal Place of Business 182 CASORA DRIVE CRAWFORDVILLE, FL 30327	Mailing Address 182 CASORA DRIVE CRAWFORDVILLE, FL 30327 BK
--	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State Zip Country	City & State Zip Country
---------------------------------	---------------------------------

6. Name and Address of Current Registered Agent BENFIELD, RON 58 SIOUX CIRCLE HAVANA, FL 32333		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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	BK	Make check payable to Florida Department of State
---	-----------	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAPP, DAVID 182 CASORA DRIVE CRAWFORDVILLE, FL 30327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800098316708 04/24/07--01054--010 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEFFNER, RONALD 182 CASORA DRIVE CRAWFORDVILLE, FL 30327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODWARD, ED 182 CASORA DRIVE CRAWFORDVILLE, FL 30327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET 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 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: *D. P. Sapp* **4/20/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
07 APR 20 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202007 Chg-LLC CR2E083 (12/06)