# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/11/2007-90197-023-$50.00-$50.00

**DOCUMENT # L06000118373**

1. Entity Name
SAWGRASS AT PALM COAST LLC

2007 SEP 20 PM 2:00

SEC... ...ATE
TALL... ...SEE ... ORIDA

04272007    Chg-LLC    CR2E083 (12/06)

| Principal Place of Business | Mailing Address |
|---|---|
| 1440 N NOVA RD SUITE 305 HOLLY HILL, FL 32117 US | 1440 N NOVA RD SUITE 305 HOLLY HILL, FL 32117 US |

| 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  20-8026538  | Applied For | Not Applicable

5. Certificate of Status Desired ☐  **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WEBER, ALFRED R JR 1440 N NOVA RD SUITE 305 HOLLY HILL, FL 32117 | 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 required when reinstating)    DATE

**Filing Fee is $50.00**
**Due by May 1, 2007**

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE | MGRM | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | WEBER, ALFRED R JR | | NAME | |
| STREET ADDRESS | 1440 N NOVA RD STE 305 | | STREET ADDRESS | |
| CITY-ST-ZIP | HOLLY HILL, FL 32117 | | CITY-ST-ZIP | |
| TITLE | MGRM | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | MARIN, JOHN | | NAME | |
| STREET ADDRESS | 1440 N NOVA RD STE 305 | | STREET ADDRESS | |
| CITY-ST-ZIP | HOLLY HILL, FL 32117 | | CITY-ST-ZIP | |
| TITLE | MGRM | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | WEBER, PATRICK | | NAME | |
| STREET ADDRESS | 1440 N NOVA RD STE 305 | | STREET ADDRESS | |
| CITY-ST-ZIP | HOLLY HILL, FL 32117 | | CITY-ST-ZIP | |
| TITLE | MGRM | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | ABF FUNDING LLC | | NAME | |
| STREET ADDRESS | 99 WOODBURY ROAD | | STREET ADDRESS | |
| CITY-ST-ZIP | HICKSVILLE, NY 11801 | | 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 608, Florida Statutes.

SIGNATURE: _____ Alfred R Weber    4/27/07    386-255-088_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #