2006 LIMITED LIABILITY COMPANY

Mar 17, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L04000021388 03-17-2006 90028 043 ****55.00 SADDLE RD FARM, LLC Principal Place of Business Mailing Address 1120 S. FEDERAL HIGHWAY, SUITE 200 1120 S. FEDERAL HIGHWAY, SUITE 200 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 01062006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1221743 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZENGAGE, JIM DO NOT WRITE 1120 S. FEDERAL HIGHWAY, SUITE 200 DELRAY BEACH, FL 33483 IN THIS SPACE 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 reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE RETAIL CONCEPTS, INC. NAME STREET ADDRESS 1120 S. FEDERAL HIGHWAY, SUITE 200 DELRAY BEACH, FL 33483 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 AND OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

2 28 06

FILED

278 3100

Daytime Phone #