

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000305

FILED
Apr 04, 2005
Secretary of State

Entity Name: SADDLE HILL PROPERTIES, L.L.C.

Current Principal Place of Business:

490 FERNSHIRE DRIVE
PALM HARBOR, FL 34683

New Principal Place of Business:

1141 TAYLOR AVE
DUNEDIN, FL 34698

Current Mailing Address:

490 FERNSHIRE DRIVE
PALM HARBOR, FL 34683

New Mailing Address:

1141 TAYLOR AVE
DUNEDIN, FL 34698

FEI Number: 52-1925924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGNIE, CLAUDIA R
490 FERNSHIRE DRIVE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

MAGNIE, CLAUDIA R
1141 TAYLOR AVE
DUNEDIN, FL 34698 US

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.

SIGNATURE: _____

04/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MAGNIE, CLAUDIA R
Address: 490 FERNSHIRE DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Delete
Name: MAGNIE, PAUL G
Address: 1920 SADDLE HILL RD. NORTH
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAGNIE, CLAUDIA R
Address: 1141 TAYLOR AVE
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM (X) Change () Addition
Name: MAGNIE, PAUL G
Address: 1141 TAYLOR AVE
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLAUDIA MAGNIE

MGRM

04/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date