2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

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Entity Name: SADDLE-UP TRAIL RIDES, LLC

Current Principal Place of Business:

1105 HARTMAN ROAD
FT. PIERCE, FL 34947

New Principal Place of Business:

1820 TILTON RD.
PORT ST. LUCIE, FL 34952

Current Mailing Address:

1105 HARTMAN ROAD
FT. PIERCE, FL 34947

New Mailing Address:

1820 TILTON RD.
PORT ST. LUCIE, FL 34952

FEI Number: 26-4334136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERMUY, BENITO M
1105 HARTMAN ROAD
FT. PIERCE, FL 34947 US

Name and Address of New Registered Agent:

PERMUY, BENITO M
1820 TILTON RD.
PORT ST. LUCIE, FL 34952 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: _____ 04/30/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: PERMUY, BENITO M
Address: 1105 HARTMAN ROAD
City-St-Zip: FT. PIERCE, FL 34947

Title: MGR ( ) Delete
Name: PERMUY, CYNTHIA L
Address: 1105 HARTMAN ROAD
City-St-Zip: FT. PIERCE, FL 34947

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PERMUY, BENITO M
Address: 1820 TILTON RD.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGR (X) Change ( ) Addition
Name: PERMUY, CYNTHIA L
Address: 1820 TILTON RD.
City-St-Zip: PORT ST. LUCIE, FL 34952

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: BENITO M. PERMUY MGR 04/30/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date