2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# L04000007172

Entity Name: SADDLE RIDGE FARMS, LLC

Current Principal Place of Business:

483 N. BEACH ST
ORMOND BEACH, FL 32174

New Principal Place of Business:

1429 OAK FOREST DRIVE
ORMOND BEACH, FL 32174

Current Mailing Address:

483 N. BEACH ST
ORMOND BEACH, FL 32174

New Mailing Address:

1429 OAK FOREST DRIVE
ORMOND BEACH, FL 32174

FEI Number: 20-0649434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLOVER, PETER M
483 N. BEACH ST
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

O'DWYER, KEVIN M
1429 OAK FOREST DRIVE
ORMOND BEACH, FL 32174 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: KEVIN M. O'DWYER 01/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GLOVER, PETER M
Address: 483 N. BEACH ST
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete
Name: O'DWYER, KEVIN M
Address: 1429 OAK FOREST DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FERGUSON, RAYMOND
Address: 1429 OAK FOREST DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KEVIN M. O'DWYER MGR 01/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date