



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # L04000020648 1. Entity Name SADDLEBROOK ESTATES, LLC	
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Principal Place of Business 4760 N. US1 201 MELBOURNE, FL 32935 US	Mailing Address 4760 N. US1 201 MELBOURNE, FL 32935 US
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 16-1724847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GENONI, CHARLES B 4760 N. US1 201 MELBOURNE, FL 32935	DO NOT WRITE IN THIS SPACE
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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 re-registering) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENONI, JOHN P JR. 4760 N. US1 #201 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENONI, JOHN M 4760 N. US1 #201 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENONI, CHARLES B 4760 N. US1 #201 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/10/07-80040-019 50.00

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/23/07
Date

Daytime Phone #