

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


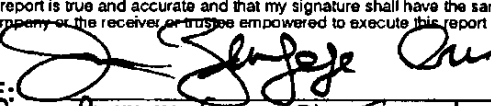
FILED
Jun 13, 2005 8:00 am
Secretary of State

04-29-2005 90049 019 ****55.00

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1st MOORE CR2E083 (10/04)

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| DOCUMENT # L04000021388 | | | |  | |
| 1. Entity Name SADDLE RD FARM, LLC | | | | | |
| Principal Place of Business 75 N.E. 6TH AVENUE, SUITE 214 DELRAY BEACH FL 33483 | | | Mailing Address 75 N.E. 6TH AVENUE, SUITE 214 DELRAY BEACH FL 33483 | | |
| 2. Principal Place of Business 1120 S. Federal Hwy Ste 200 Suite, Apt. #, etc. | | | 3. Mailing Address 1120 S. Federal Hwy #200 Suite, Apt. #, etc. | | |
| City & State | | City & State | | 4. FEI Number 65-1221743 Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired K \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ZENGAGE, JIM 75 N.E. 6TH AVENUE, SUITE 214 DELRAY BEACH FL 33483 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1120 S. Federal Hwy #200 City FL Zip Code | |
| 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 re-registering) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RETAIL CONCEPTS, INC. 75 N.E. 6TH AVENUE, SUITE 214 DELRAY BEACH FL 33483 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1120 S. Federal Hwy #200 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify 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 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 Title of Registered Agent, Managing Member, Manager, or Authorized Representative | | | Date: 4/28/05 561 278-3100 Daytime Phone # | | |

Jim Zengage President