2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # L04000045820 1. Entity Name SADDLE RIDGE FARMS II, LLC Principal Place of Business Mailing Address C/O THE EDDY CORPORATION C/O THE EDDY CORPORATION **45 SETON TRAIL 45 SETON TRAIL** ORMOND BEACH, FL 32176 ORMOND BEACH, FL 32176 01102006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1278802 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent THE EDDY CORPORATION DO NOT WRITE ATTN; F. RAYMOND EDDY, JR. 45 SETON TRAIL IN THIS SPACE ORMOND BEACH, FL 32176 5. 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. Lam 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 reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 9. MANAĞING MEMBÉRS/MANAGERS 000000532831 TITLE MGR 05/06/06-80100-008 50.00 NAME THE EDDY CORPORATION STREET ADDRESS 45 SETON TRAIL CITY-ST-ZIP ORMOND BEACH, FL 32176 NAME STREET ADDRESS City-St-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS

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:

CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

4/20/06 (386) 673.3700