2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State
04-17-2007 90248 007 ****50.00

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1. Entity Name
SADDLE RIDGE FARMS II, LLC

Principal Place of Business	Mailing Address
C/O THE EDDY CORPORATION 45 SETON TRAIL ORMOND BEACH, FL 32176	C/O THE EDDY CORPORATION 45 SETON TRAIL ORMOND BEACH, FL 32176

DO NOT WRITE IN THIS SPACE

03182007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1278802
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

THE EDDY CORPORATION
ATTN; F. RAYMOND EDDY, JR.
~~45 SETON TRAIL~~
~~ORMOND BEACH, FL 32176~~ 25 County Road 15
Bunnell, FL. 32110

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	THE EDDY CORPORATION
STREET ADDRESS	~~45 SETON TRAIL~~ 25 County Rd. 15
CITY-ST-ZIP	~~ORMOND BEACH, FL 32176~~ Bunnell, FL. 32110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/6/07 (X-18) 386-673-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #