2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2008
Secretary of State

DOCUMENT# L04000045820

Entity Name: SADDLE RIDGE FARMS II, LLC

Current Principal Place of Business:

C/O THE EDDY CORPORATION
45 SETON TRAIL
ORMOND BEACH, FL 32176

New Principal Place of Business:

483 NORTH BEACH STREET
ORMOND BEACH, FL 32174

Current Mailing Address:

C/O THE EDDY CORPORATION
45 SETON TRAIL
ORMOND BEACH, FL 32176

New Mailing Address:

483 NORTH BEACH STREET
ORMOND BEACH, FL 32174

FEI Number: 20-1278802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FERGUSON, RAY
483 NORTH BEACH STREET
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: THE EDDY CORPORATION,
Address: 25 COUNTY RD 15
City-St-Zip: BUNNELL, FL 32110

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: GLOVER, PETER M
Address: 483 NORTH BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174

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: PETER M. GLOVER MGRM 06/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date