2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000052069

1. Entity Name
SADDLEBACK MANAGEMENT, LLC

Principal Place of Business	Mailing Address
1756 SADDLEBACK ROAD APOPKA, FL 32703	C/O RICHARD S. WHEELER, ESQ. 2265 LEE ROAD, SUITE 103 WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

01082006No Chg-LLC CR2E083 (11/05)

4. FEI Number
41-2174192
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHEELER, RICHARD S ESQ.
2265 LEE ROAD, SUITE 103
WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

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, 2006

000000386043
01/18/06-80043-002 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	NEWMAN, DONNA
STREET ADDRESS	1756 SADDLEBACK ROAD
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	MGRM
NAME	ANSON, LAURA
STREET ADDRESS	17500 SW 186 WAY
CITY-ST-ZIP	RENTON, WA 980589542
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Donna Newman 1-11-06 407-293-6337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #