

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052069

FILED
Jan 12, 2007
Secretary of State

Entity Name: SADDLEBACK MANAGEMENT, LLC

Current Principal Place of Business:

1756 SADDLEBACK ROAD
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O RICHARD S. WHEELER, ESQ.
2265 LEE ROAD, SUITE 117
WINTER PARK, FL 32789

FEI Number: 41-2174192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WHEELER, RICHARD S ESQ.
2265 LEE ROAD, SUITE 117
WINTER PARK, FL 32789 US

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: RICHARD WHEELER

01/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEWMAN, DONNA
Address: 1756 SADDLEBACK ROAD
City-St-Zip: APOPKA, FL 32703

Title: MGRM () Delete
Name: ANSON, LAURA
Address: 17500 SW 186 WAY
City-St-Zip: RENTON, WA 980589542

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RAYBURN, DONNA
Address: 1756 SADDLEBACK ROAD
City-St-Zip: APOPKA, FL 32703

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA RAYBURN

MGRM

01/12/2007

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