


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90323 018 ****50.00

DOCUMENT # L05000043049

1. Entity Name
SARATOGA FARMS, LLC



Principal Place of Business
**2875 SOUTH OCEAN BLVD.
 SUITE 200
 PALM BEACH, FL 33480**

Mailing Address
**2875 SOUTH OCEAN BLVD.
 SUITE 200
 PALM BEACH, FL 33480**

2. Principal Place of Business - No P.O. Box #
205 WORTH AVENUE

3. Mailing Address
205 WORTH AVENUE

Suite, Apt. #, etc.
SUITE 312


City & State
PALM BEACH, FL

City & State
PALM BEACH, FL

Zip
33480

Country
UNITED STATES

60046903



04082007 Chg-LLC CR2E083(12/06)

4. FEI Number
20-2754392

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKIBBIN, DAVID A
 2875 SOUTH OCEAN BLVD.
 SUITE 200
 PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent

Name
**205 WORTH AVENUE
 Suite 312
 PALM BEACH, FL
 33480**

Street Address (P.O. Box Number is Not Acceptable)

City
FL Zip Code

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 *D. M. Kibbin* DATE 4-30-07

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKIBBIN, DAVID A 2875 SOUTH OCEAN BLVD. SUITE 200. PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 205 WORTH AVENUE, Suite 312 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEIL, EDWARD JR 675 NORTH MICHIGAN AVE CHICAGO, IL 60611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 225 W. WASHINGTON STREET Suite 1700 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *D. M. Kibbin (David McKibbin)* DATE 4-30-07 DAYTIME PHONE # (561) 597-6606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE