



FILED  
Jul 10, 2006 8:00 am  
Secretary of State

04-17-2006 90056 002 \*\*\*\*50.00

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L05000107979			
1. Entity Name SADDLE CREEK PARTNERS, LLC			
Principal Place of Business 13361 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225		Mailing Address 13361 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FFI No. 68-0631963		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CFRA, LLC 4221 WEST BOY SCOUT BOULEVARD TAMPA, FL 33607		7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGING MEMBER J. THOMAS DODSON 13361 ATLANTIC BLVD JACKSONVILLE, FL 32225	<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
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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: 		J. THOMAS DODSON 904/221-2605	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

ATTACHMENT  
30011669  
SADDLE CREEK PARTNERS, LLC  
13361 ATLANTIC BLVD.  
JACKSONVILLE, FL 32225  
(904) 221-2605

July 7, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

RE: Saddle Creek Partners, LLC  
Reference Number: L05000107979

I forwarded the revised annual report for the above-referenced LLC to you on July 5, 2006 requesting that you use my social security number. Our attorney informed us yesterday that they had applied for and have received a FEIN. Please accept this corrected Annual Report which has the FEIN now inserted. Thank you.

Sincerely,

SADDLE CREEK PARTNERS, LLC



J. Thomas Dodson  
Managing Member

JTD/slp  
Enclosure