


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90041 022 \*\*\*\*50.00

<b>DOCUMENT # L06000064993</b>			
1. Entity Name <b>SADDLE CREEK RANCH SADDLERY, LLC</b>			
Principal Place of Business <b>7360 STATE ROAD 13 N SAINT AUGUSTINE FL 32092 US</b>		Mailing Address <b>7360 STATE ROAD 13 N SAINT AUGUSTINE FL 32092 US</b>	
2. Principal Place of Business - No P.O. Box # <b>7360 SR 13 N</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. <b>ST. AUGUSTINE</b>		Suite, Apt. #, etc.	
City & State <b>FL</b>		City & State	
Zip <b>32092</b>	Country <b>ST. JOHN'S</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 registering)			
DATE _____			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGRM ROGERS, HAROLD J 7360 STATE ROAD 13 N SAINT AUGUSTINE FL 32092</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Harold J Rogers</i></u> <u>7/5/07</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date			
Daytime Phone #			