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May 14, 2007 8:00 am
Secretary of State

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03092007 Chg-LLC CR2E083 (12/06)

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000074599

1. Entity Name
SADDLE CREEK MOBILE HOME REPAIR LLC

Principal Place of Business	Mailing Address
10020 RACHEL CHERIE DRIVE POLK CITY, FL 33868	10020 RACHEL CHERIE DRIVE POLK CITY, FL 33868

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4864 COUNTRY TRAILS	4864 COUNTRY TRAILS
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POLK CITY, FLORIDA	City & State: POLK CITY, FLORIDA
Zip: 33868 Country: POLK	Zip: 33868 Country: POLK

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

HUGHES, JOHN L
10020 RACHEL CHERIE DRIVE
POLK CITY, FL 33868

CHANGE OF ADDRESS

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4864 COUNTRY TRAILS

City POLK CITY FL Zip Code 33868

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 HUGHES, JOHN L 10020 RACHEL CHERIE DRIVE POLK CITY, FL 33868 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4864 COUNTRY TRAILS POLK CITY, FL. 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: John L. Hughes 3-23-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

JOHN L HUGHES