2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 14, 2008
Secretary of State

DOCUMENT# L07000016912

Entity Name: SADDLE MITIGATION II, LLC

Current Principal Place of Business:

310 MAGNOLIA STREET
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

310 MAGNOLIA STREET
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 20-8440878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOODWORTH, SUSAN S ESQ.
MCCLURE BLOODWORTH, P.L.
81 KING STREET, STE. A
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ROBBINS, BRUCE	
Address:	310 MAGNOLIA STREET	
City-St-Zip:	ATLANTIC BEACH, FL 32233	
Title:	MGR	(X) Delete
Name:	BLOODWORTH, SUSAN	
Address:	81 KING STREET SUITE A	
City-St-Zip:	ST AUGUSTINE, FL 32084	
Title:	MGR	(X) Delete
Name:	MCCLURE, GEORGE	
Address:	81 KING STREET SUITE A	
City-St-Zip:	ST AUGUSTINE, FL 32084	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: BRUCE ROBBINS MGRM 05/14/2008

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