2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2008
Secretary of State

DOCUMENT# L07000121629

Entity Name: SAFFRON INVESTMENTS LLC

Current Principal Place of Business:

792 YAMASSEE LOOP
THE VILLAGES, FL 32162 US

New Principal Place of Business:

2433 SAFFRON LANE
THE VILLAGES, FL 32162 US

Current Mailing Address:

792 YAMASSEE LOOP
THE VILLAGES, FL 32162 US

New Mailing Address:

2433 SAFFRON LANE
THE VILLAGES, FL 32162 US

FEI Number: 26-1552077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOMME, MARK R
792 YAMASSEE LOOP
THE VILLAGES, FL 32162 US

Name and Address of New Registered Agent:

GOMME, MARK R
2433 SAFFRON LANE
THE VILLAGES, FL 32162 US

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: 03/18/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GOMME, MARK R
Address: 792 YAMASSEE LOOP
City-St-Zip: THE VILLAGES, FL 32162 US

Title: MGRM ( ) Delete
Name: GOMME, MARY
Address: 792 YAMASSEE LOOP
City-St-Zip: THE VILLAGES, FL 32162 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GOMME, MARK R
Address: 2433 SAFFRON LANE
City-St-Zip: THE VILLAGES, FL 32162 US

Title: MGRM (X) Change ( ) Addition
Name: GOMME, MARY
Address: 2433 SAFFRON LANE
City-St-Zip: THE VILLAGES, FL 32162 US

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: MARK GOMME MR 03/18/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date