2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000002178

1. Entity Name

ARCHER SADDLEBROOK CONDOMINIUM, LLC



Principal Place of Business

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2503 INTERLACHEN LANE WESTLAKE, OH 44145 Mailing Address

2503 INTERLACHEN LANE WESTLAKE, OH 44145

FILED Apr 05, 2004 08:00 AM Secretary of State



03252004 No Chg-LLC

CR2E083 (10/03)

5. Certificate of Status Desired		\$5.00 Additional Fee Required	
34-1928839	•	Γ	Not Applicable
4. FEI Number			Applied For

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 life if applicable. (NOTE Registered Agent signature required when reinstating)

DATE

Filling Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TILLE MGRM

NAME

ARCHER MICHAEL W

9. Table NAME ARCHER, MICHAEL W 2503 INTERLACHEN LANE STREET ADDRESS CRY ST ZIP WESTLAKE, OH 44145 TIFLE MGRM ARCHER, BARBARA K REALIC STREET ADDRESS 2503 INTERLACHEN LANE WESTLAKE, OH 44145 City - ST-7tP HILE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CATY - ST - ZIP THILE NAME STREET ADDRESS CHY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and applicate and that have shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-29-04

Daytime Phone ≢