2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M00000002178

1. Entity Name·
ARCHER SADDLEBROOK CONDOMINIUM, LLC

Principal Place of Business	Mailing Address
2503 INTERLACHEN LANE WESTLAKE, OH 44145	2503 INTERLACHEN LANE WESTLAKE, OH 44145

DO NOT WRITE IN THIS SPACE

08172006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
34-1928839	Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 September 6, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ARCHER, MICHAEL W
STREET ADDRESS	2503 INTERLACHEN LANE
CITY-ST-ZIP	WESTLAKE, OH 44145
TITLE	MGRM
NAME	ARCHER, BARBARA K
STREET ADDRESS	2503 INTERLACHEN LANE
CITY-ST-ZIP	WESTLAKE, OH 44145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/29/06-80004-018 50.00

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IN THIS SPACE

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: 8-24-06   440-331-1214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #