2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0000002178 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

FILED May 15, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

04252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 34-1928839

Applied For 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	g 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	_		√ <i>ろ</i>	-1-08
Signature, typed or printed name of registered then and titl	le il applicable	(NOTE: Registered Agent signature required who	en reinstating)	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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

06/04/08-80025-012 138.75

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IN THIS SPACE

11. I hereby certify that the information supplied with this flung 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 physignature 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 employeed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

5-1-08

Daytime Phone #