

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 15, 2006  
Secretary of State**

DOCUMENT# N93000001556

Entity Name: SILVER SADDLE ESTATES, INC.

**Current Principal Place of Business:**

11720 NW 9TH ST.  
PLANTATION, FL 33325 US

**New Principal Place of Business:**

**Current Mailing Address:**

11720 NW 9TH ST.  
PLANTATION, FL 33325 US

**New Mailing Address:**

FEI Number: 65-0400131      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHWEIGER, LARRY  
1200 S. PINE ISLAND RD SUITE 100  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

SCHWEIGER, LARRY  
200 E. BROWARD BLVD  
FORT LAUDERDALE, FL 33021 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: \_\_\_\_\_ 01/15/2006  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: SCHWEIGER, SUZANNE  
Address: 11720 NW 9TH ST.  
City-St-Zip: PLANTATION, FL 33325

Title: VD ( ) Delete  
Name: GOLDING, FAYE M  
Address: 11720 NW 9TH ST.  
City-St-Zip: PLANTATION, FL 33325

Title: SD ( ) Delete  
Name: VALLE, BARBARA  
Address: 11741 NW 9TH ST.  
City-St-Zip: PLANTATION, FL 33325

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE SCHWEIGER      PDT      01/15/2006  
Electronic Signature of Signing Officer or Director      Date