

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000055078

1. Entity Name
RIDGE STREET HOLDINGS, LLC



Principal Place of Business
3200 TAMiami TRAIL NORTH, STE. 100
NAPLES, FL 34103

Mailing Address
3200 TAMiami TRAIL NORTH, STE. 100
NAPLES, FL 34103



DO NOT WRITE IN THIS SPACE

04142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
42-1617486

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LADEMAN, CARRIE E
3200 TAMiami TRAIL NORTH, STE. 100
NAPLES, FL 34103

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
THALHEIMER, BRUCE
3200 TAMiami TRAIL NORTH, STE. 100
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
THALHEIMER, SANDFORD
3200 TAMiami TRAIL NORTH, STE. 100
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

U000000315341
04/19/05-80031-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 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:

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

Date

Daytime Phone #

BRUCE B. THALHEIMER

4/15/05

239-261-8422