## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 26, 2006 8:00 am Secretary of State **DOCUMENT # L05000089474** 04-26-2006 90021 027 \*\*\*\*50.00 1. Entity Name 6709 RIDGE ROAD, LLC Principal Place of Business Mailing Address 1250 S. BELCHER ROAD, SUITE 160 1250 S. BELCHER ROAD, SUITE 160 LARGO, FL 33771 LARGO, FL 33771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-LLC 04172006 CR2E083 (11/05) City & State City & State Applied For 4. FEI Number 20-749 1055 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'CONNOR & ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 1250 S. BELCHER ROAD, SUITE 160 LARGO, FL 33771 Zip Code 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 Filling Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MER Delete TITLE **Addition** ☐ Change MASSINGILL, JESSE L. 711 NO SHERRILL ST. NAME NAME MASSINGILL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TAMPA FL 33609 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ITTLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP TITLE ☐ Defete TATLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z#P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY - ST - 71P 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.

**FILED** 

Jesse MASSINGILL

SIGNATURE: