

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000131658

Entity Name: SHADOW RIDGE APARTMENTS, LLC

Current Principal Place of Business:

590 W. KENNEDY BLVD., 2ND FLOOR
LAKEWOOD, NJ 08701

Current Mailing Address:

590 W. KENNEDY BLVD., 2ND FLOOR
LAKEWOOD, NJ 08701

FEI Number: 59-2248493

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name LEXFORD POOLS 1/3 LLC
Address 333 EARLE OVINGTON BLVD., SUITE
900
City-State-Zip: UNIONDALE NY 11553

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELISHEVA INDIG

**AUTHORIZED
SIGNATORY**

04/15/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date