
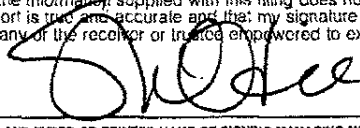


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

| | | |
|--|---|---|
| DOCUMENT # L01000000073 | |  |
| 1. Entity Name OCEAN RIDGE HOLDINGS, LLC | | |
| Principal Place of Business 530 MIDDLE ROAD DELRAY BEACH, FL 33483 | Mailing Address 530 MIDDLE ROAD DELRAY BEACH, FL 33483 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent O'HARE, SHELLEY 530 MIDDLE ROAD DELRAY BEACH, FL 33483 | | DO NOT WRITE IN THIS SPACE |
| 2. 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reissuing)</small> | | DATE _____ |
| Filing Fee is \$50.00 Due by May 1, 2007 | | 000000614429 02/05/07-80028-020 55.00 |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR O'HARE, SHELLEY 530 MIDDLE ROAD DELRAY BEACH, FL 33483 | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR O'HARE, CHRISTOPHER F 530 MIDDLE ROAD DELRAY BEACH, FL 33483 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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 of the recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | |
| SIGNATURE:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | Date: 1/27/07 Daytime Phone #: 561-588-8920 |



01242007No Chg-LLC

CR2E083 (11/05)

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|---|--|
| 4. FEI Number 65-1075135 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |