

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90024 004 ****50.00

DOCUMENT # L02000002925

1. Entity Name

NORTHRIDGE DEVELOPMENT, LLC



Principal Place of Business

**3300 AIRPORT RD.
LAKELAND FL 33811-3002**

Mailing Address

**PO BOX 32024
LAKELAND FL 33811-3002**

2. Principal Place of Business

3. Mailing Address

701 ENTERPRISE RD. EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

City & State

City & State

SAFETY HARBOR, FL

Zip

Country

Zip

Country

34695

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEUKAMM, MICHAEL E
301 E. PINE ST., STE. 1400
ORLANDO FL 32801**

Name

ROTH, STEPHEN L.

Street Address (P.O. Box Number is Not Acceptable)

701 ENTERPRISE ROAD EAST

SUITE 202

City

SAFETY HARBOR

FL

Zip Code

34695

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

STEPHEN L. ROTH

PARTNER

4/19/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **E**
STREET ADDRESS **REAL SUB, LLC**
CITY-ST-ZIP **3300 AIRPORT RD.
LAKELAND FL 33811-3002**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **FRAZIER, JOHN**
CITY-ST-ZIP **3300 AIRPORT RD.
LAKELAND FL 33811-3002**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **PHILLIPS, DAVID P**
CITY-ST-ZIP **3300 AIRPORT RD.
LAKELAND FL 33811-3002**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **ATTAWAY, JOHN J**
CITY-ST-ZIP **3300 AIRPORT RD.
LAKELAND FL 33811**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

STEPHEN L. ROTH

4/19/04

(727) 725-8700

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

Date

Daytime Phone #