

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003511

FILED  
Aug 16, 2004  
Secretary of State

Entity Name: RIDGEMERE CAPITAL, LLC

## Current Principal Place of Business:

431 NORTH LAKESIDE DRIVE  
LAKE WORTH, FL 33460

## New Principal Place of Business:

401 N PALMWAY  
LAKE WORTH, FL 33460

## Current Mailing Address:

431 NORTH LAKESIDE DRIVE  
LAKE WORTH, FL 33460

## New Mailing Address:

401 N PALMWAY  
LAKE WORTH, FL 33460

FEI Number: 36-4488987

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS  
103 N. MERIDIAN ST., LOWER LEVEL  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: MCINTOSH, MARK  
Address: 431 NORTH LAKESIDE DR.  
City-St-Zip: LAKE WORTH, FL 33460

Title: MGRM ( ) Delete  
Name: FARENHEM, ROBERT  
Address: 18659 SW 12TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33029

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MCINTOSH, MARK  
Address: 401 N PALMWAY  
City-St-Zip: LAKE WORTH, FL 33460

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: MARK MCINTOSH

MGRM

08/16/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date