

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90221 021 \*\*\*\*50.00

<b>DOCUMENT # L02000007334</b> 1. Entity Name <b>RIDGEWOOD ENTERPRISES, LLC</b>					
Principal Place of Business <b>739 GLENWOOD AVE. SEBRING, FL 33870</b>			Mailing Address <b>739 GLENWOOD AVE. SEBRING, FL 33870</b>		
2. Principal Place of Business <b>3600 Lakeview Dr</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>3600 Lakeview Dr</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Sebring, FL</b> <small>Zip</small> <b>33870</b> <small>Country</small> <b>USA</b>		City & State <b>Sebring, FL</b> <small>Zip</small> <b>33870</b> <small>Country</small> <b>USA</b>		4. FEI Number <b>APPLIED FOR 20-0757185</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ALMEY, DANIEL M 739 GLENWOOD AVE. SEBRING, FL 33870</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u><i>Dan Almey</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALMEY, DAN 650 TRUDEAN DRIVE MILTON, ONTARIO CANADA, L9T5B7		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Dan Almey</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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