2003 LIMITED LIABILITY COMPANY

U	AILAU	M DAZIME	33 NEPUN	_ [c	'DN)	_			
DOCUMENT # L02000017996 1. Entity Name GUARDIAN FOREST RIDGE PARTNERS HOLDINGS, LLC						FILED			
Bringle - I Die			AA 20 - A 1 1			03 HAR	17 5		
Principal Place of Business			Mailing Address			03 MAR 17 PM 1: 11			
			1551 SANDSPUR ROAD MAITLAND FL 32751			SECRETAR TOF STATE			
MAILAND IL	<u> </u>		MARIENNO PE 02/01			I ALLAHASS	ESESIATE Nitualianian		
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			_
City & State			City & State			4. FEI Number Applied For Not Applicable			
Zip Country		Zip Country		r	5. Certificate of Status Desired]	
6. Name and Address of Current Registered Agent Name						r. Name and Address of New He	Sistaied Agent	-	┪
235	.KER, BERRY MAITLAND A ILAND FL 32	venue south ste. 2°			P.O. Box Number is Not Acceptable)			 -	
					City		FL Zip Code	<u> </u>	
	named entity stions of register		he purpose of changing its	register	ed office or register	ed agent, or both, in the State of Flor	ida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or	printed name of registered agent and	title if applicable. (NOTE	Registere	d Agent signature required	when reinstating)	DATE	_	
			Make Check Payabl	e to Fl	FEE IS \$50.00 orida Departmer ay 1, 2003	nt of State 0001514	3 8195 003 **50.00		
9.		MANAGING MEMBERS	S/MANAGERS	10.		ADDITIONS/0	CHANGES		1
TITLE	MGR	<u> </u>	☐ Delete	TITL			☐ Change	Addition	8
NAME	Guardian	EQUITIES, INC		NAM	E				9
STREET ADDRESS 1551 SANDSPUR ROAD					ET ADDRESS	<i>'</i>			83
CITY-ST-ZIP	MAITLAND	FL 32751		CITY	-ST-ZIP	100			CR2E083 (10/02)
TITLE			☐ Delete	TITL	_ !	1/51	☐ Change	Addition	5
NAME STREET ADDRESS				NAM	E ET ADDRESS	• • • • • • • • • • • • • • • • • • • •			
CITY-ST-ZIP	<u> </u>			CITY	-ST-ZIP		[7] (hanna	- Addition	1
TITLE NAME			☐ Delete	TITU NAM	ſ		☐ Change	☐ Addition	l
STREET ADDRESS				1	ET ADDRESS				Ì
CITY~ST-ZIP				CITY	-ST-ZIP				1
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition	1
NAME				NAM	E				
STREET ADDRESS CITY_ST-ZIP					ET ADDRESS -ST-ZIP				
TITLE			☐ Delete	TITLE	1		☐ Change	Addition	
NAME				NAM	·]
STREET ADDRESS CITY-ST-ZIP					ET ADORESS - ST-ZIP				
TITLE			Delete	TITLE			☐ Change	Addition	1
NAME	ı		C Delete	NAM	í		C C C C C C C C C C C C C C C C C C C		
STREET ADDRESS				STRE	ET ADORESS				l
CiTY-ST-ZIP				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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNAT	U	_SIMM	100 Ahren	AGER, OR	AUTHORIZED REPRESEN	NTATIVE Date	Daytime Phone #	: 	
		<u> </u>	<u>- אין אין אין אין אין אין אין אין אין אין</u>						1