

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019388

**FILED**  
**Feb 28, 2005**  
**Secretary of State**

**Entity Name:** ELDRIDGE & COMPANY REALTY, LLC

**Current Principal Place of Business:**

8675 NAPLES HERITAGE DRIVE, #412  
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

8675 NAPLES HERITAGE DRIVE, #412  
NAPLES, FL 34112

**New Mailing Address:**

**FEI Number:** 36-4540882

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

GARLICK, THOMAS B  
5551 RIDGEWOOD DRIVE, SUITE 101  
NAPLES, FL 34108 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: MGR ( ) Delete  
Name: ELDRIDGE, JAMES A  
Address: 8675 NAPLES HERITAGE DRIVE, #412  
City-St-Zip: NAPLES, FL 34112

Title: P (X) Delete  
Name: ELDRIDGE, JAMES A  
Address: 8675 NAPLES HERITAGE DRIVE, #412  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES:**

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

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: JAMES A. ELDRIDGE

MGR

02/28/2005

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