2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

1/.

DOCUMENT # L02000022289

1. Entity Name

RIDGEVIEW INVESTMENTS, LLC

Principal Place of Business	Mailing Address
64 EAST MAIN STREET SUITE 100 APOPKA FL 32703 US	64 EAST MAIN STREET SUITE 100 APOPKA FL 32703 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 06 – 1645154

☐ 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
LIMBACHIA, ASHOK 64 EAST MAIN STREET SUITE 100 APOPKA FL 32703	Name SHAILESH LIMBACHIA Street Address (P.O. Box Number is Not Acceptable) 445 S. VOLUSIA AVENUE City ORANGE CITY FL Zip Code 32763

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 _SHAILESH LIMBACHIA_   2/18/03

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, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME / STREET ADDRESS / CITY-ST-ZIP	Delete
MGRM	LIMBACHIA, ASHOK 64 EAST MAIN STREET, SUITE 100 APOPKA FL 32703	☐ Delete
MGRM	MOOLJEE, ARUN 64 EAST MAIN STREET, SUITE 100 APOPKA FL 32703	☐ Delete
MGRM-	LIMBACHIA, SHAILESH 64 EAST MAIN STREET, SUITE 100 APOPKA FL 32703	☐ Delete

10. ADDITIONS / CHANGES — ☐ Change ☐ Addition (rows)

CR2E083 (10/02)

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: _SIGNATURE REQUIRED_   1/27/03   386-775-7444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #