

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90157 014 \*\*\*138.75

DOCUMENT # L02000022785  
 1. Entity Name  
 RIDGEVIEW MANAGEMENT, LLC



Principal Place of Business  
 1400 30TH ST  
 2ND FL, STE B  
 NICEVILLE, FL 32578

Mailing Address  
~~1400 30TH ST~~ 601 Main Street  
~~2ND FL, STE B~~ SUITE 102  
 NICEVILLE, FL 32578 Hazard, KY 41701

50004737



**DO NOT WRITE IN THIS SPACE**

04022008No Chg-LLC CR2E083 (12/07)

4. FEI Number  
 75-3085277 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 JOHNSON, THERESA  
 1400 30TH ST, 2ND FL, STE B  
 NICEVILLE, FL 32578

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JOHNSON, THERESA
STREET ADDRESS	1400 30TH ST, 2ND FL, STE B
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	MGR
NAME	JOHNSON, MARTY
STREET ADDRESS	1400 30TH ST, 2ND FL, STE B
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*If there are any problems or questions regarding this report, please contact Melissa Stamer at 606-436-0736, ext. 263.*

*Thanks!*

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information indicated on this report is true and correct for the limited liability company.

The information contained in Chapter 119, Florida Statutes. I further certify that the information has the same legal effect as if made under oath; that I am a managing member or manager of the company as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* Theresa H. Johnson Date: \_\_\_\_\_ Daytime Phone #: 606-436-0736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE