

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90002 046 ****50.00

DOCUMENT # L02000024869

1. Entity Name

RIDGE CENTER, LLC



Principal Place of Business
2322 PASO FINO DRIVE
SARASOTA FL 34240

Mailing Address
2322 PASO FINO DRIVE
SARASOTA FL 34240

94007803



MOORE CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETITTI, JOHN S
2322 PASO FINO DRIVE
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE NAME **P *Petit*** ☐ Delete
NAME **PARDON, JOHN**
STREET ADDRESS **2322 PASO FINO DRIVE**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE NAME **V** ☐ Delete
NAME **VISCUOI, ZELINDO**
STREET ADDRESS **221 MEADOW BROOK CT**
CITY-ST-ZIP **DUANESBURG NY 12056**

TITLE NAME **ST** ☐ Delete
NAME **BRYONS, ROSS**
STREET ADDRESS **3876 TERREY PINES BLVD**
CITY-ST-ZIP **SARASOTA FL 34288**

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ***Petit, John*** ☒ Change ☐ Addition
NAME ***2322 PASO FINO DR***
STREET ADDRESS ***SARASOTA FLORIDA***
CITY-ST-ZIP ***34240***

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

1/25/04 9419556835