2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000026883

1. Entity Name
SMALLRIDGE PROPERTY LLC



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

1498 FARMINGTON CT WELLINGTON, FL 33414 Mailing Address

1498 FARMINGTON CT WELLINGTON, FL 33414



DO NOT WRITE IN THIS SPACE

01272007 No Chg-LLC CR2

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33145		
	e named entity submits this statement for the purpose of char tions of registered agent.	iging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature. Syped or printed name of registered agent and fille if applicable. (NOTE: Registered Agent signature required when reinstating)		
F	iling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	and the second s
ITILE NAME STREET ADORESS CITY-ST-ZIP	MGR SMALLRIDGE, MARK 1498 FARMINGTON CT WELLINGTON, FL 33414	U00000744082 05/15/07-80133-017 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		33/13/01 00133 011 30.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CATY-ST-7IP		

11. I hereby cartify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information indicated on this report is true and accurate and mayny 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 society or y ustee employee of the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

E AND TYPED OR P

PED OR PRINTED NAME OF SIGNING MANAGING A

MEER, OR AUTHORIZED REPRESENTATIVE

ADAU 27 , 57

Daytime Phone #