


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # L02000031202 1. Entity Name ARLINGTON RIDGE LLC	
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Principal Place of Business 11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716	Mailing Address 11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716
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DO NOT WRITE IN THIS SPACE

03132008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2305677	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BLAIR COMMUNITIES, INC. 11300 4TH ST NORTH SUITE 200 SAINT PETERSBURG, FL 33716	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

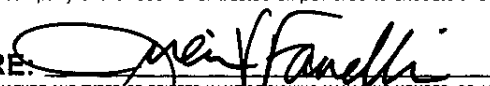
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BLAIR COMMUNITIES, INC. 11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716
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000000867235
04/09/08-80062-004 138.75

11. I hereby certify 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 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:  Julie V. Fanelli 3/13/08 (727) 577-5522

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