2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Aug 02, 2004 8:00 am
Secretary of State

07-19-2004 90234 025 ****50.00

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1. Entity Name
RIDGEWOOD MHC, LLC

34009649

Principal Place of Business	Mailing Address
6390 PLASTERMILL ROAD VICTOR, NY 14564	6390 PLASTERMILL ROAD VICTOR, NY 14564

2. Principal Place of Business	3. Mailing Address
3461 Stephanie Lane	6390 Plaster Mill Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO Box 780
City & State Ellenton, FL	City & State Victor, NY
Zip 34222 / Country USA	Zip 14564 / Country

07012004 Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3676877 — 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	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

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE: Manager NAME: Robert C. Morgan STREET ADDRESS: 7 Chelsea Park CITY-ST-ZIP: Pittsford, NY 14534 ☐ Delete	TITLE: Manager NAME: Robert C. Morgan STREET ADDRESS: 7 Chelsea Park CITY-ST-ZIP: Pittsford, NY 14534 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: Robert C. Morgan 7/13/04 (585) 924-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #