

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000008552

1. Entity Name
RIDGECREST MOBILE HOME COMMUNITY, LLC



Principal Place of Business
**170 N YOUNGE STREET
ORMOND BEACH, FL 32174**

Mailing Address
**8 WATERFRONT COURT
ORMOND BEACH, FL 32174**



03252005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0796673	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HENDRIX, RANDALL L
8 WATERFRONT COURT
ORMOND BEACH, FL 32174**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HENDRIX, RANDALL L 8 WATERFRONT CT ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HENDRIX, ZOE A 8 WATERFRONT CT ORMOND BEACH, FL 32174
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IN THIS SPACE**

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: *Randall L Hendrix* **RANDALL L. HENDRIX 3-28-05 386-677-3250**

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

Date

Daytime Phone #