2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2004
Secretary of State

DOCUMENT# L03000023670

Entity Name: RIDGETOP, LLC

Current Principal Place of Business:

20 SEASHORE DRIVE
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

20 SEASHORE DRIVE
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 20-0117627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIGHTOWER, DAVID E
501 COMMENDENCIA STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: F&D ABAD ENTERPRISE,, INC.
Address: 20 SEASHORE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: F&D ABAD ENTERPRISE,, INC.
Address: 20 SEASHORE DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: MGR ( ) Change (X) Addition
Name: ABAD, DOLORA S
Address: 20 SEASHORE DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561 US

Title: MGRM ( ) Change (X) Addition
Name: ABAD, FE DELILAH S
Address: 1118 PREAKNESS DRIVE
City-St-Zip: ALPHARETTA, GA 30022 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DOLORA ABAD MGR 02/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date