

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000025648

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** RIDGE ENT./GERALD LEVY LIVING TRUST LLC

**Current Principal Place of Business:**

5564A NORTH OCEAN BLVD.  
OCEAN RIDGE, FL 33435 US

**New Principal Place of Business:**

5564A NORTH OCEAN BLVD.  
PRIVATE  
OCEAN RIDGE, FL 33435 US

**Current Mailing Address:**

5564A NORTH OCEAN BLVD.  
OCEAN RIDGE, FL 33435 US

**New Mailing Address:**

5564A NORTH OCEAN BLVD.  
PRIVATE  
OCEAN RIDGE, FL 33435 US

**FEI Number:** 05-0581557

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVY, GERALD  
5564A NORTH OCEAN BOULEVARD  
PRIVATE  
OCEAN RIDGE, FL 33425 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/MANAGERS:**

Title: MGRM  
Name: LEVY, GERALD  
Address: 5564ANO. OCEAN BLVD.  
City-St-Zip: OCEAN RIDGE, FL 33435

I hereby 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: GERALD LEVY

MGRM

01/04/2012

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