## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

## Feb 19, 2008 8:00 am Secretary of State DOCUMENT # L03000029139 1. Entity Name 02-19-2008 90065 035 \*\*\*138.75 RIDGLEY PARTNERS, LLC Principal Place of Business Mailing Address 210 PALM TRAIL 4118 S OCEAN BLVD DELRAY BEACH FL 33483 **BOCA RATON FL 33487** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number 56-2416843 Highland Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired USA Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIDGLEY, ROBERT D 210 PALM TRAIL Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33483** Zio 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, typed or printed name of registered agent and title disopicable (NOTE Registered Agent signature required whon remetating) CATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE MGR ☐ Delete TITLE Change ☐ Addition RIDGLEY, ROBERT D MAME NAME STREET ADDRESS STREET ADDRESS 210 PALM TRAIL CITY-ST-ZIP DELRAY BEACH FL 33483 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

561-276-4038