2008 LIMITED LIABILITY COMPANY

TITLE NAME STREET ADDRESS CITY-ST-ZIP nne NAME STREET ADDRESS CITY-ST-ZIP

ANNUAL REPORT FILED DOCUMENT # L03000048270 Jul 29, 2008 08:00 AM 1. Entity Name MILL RIDGE LLC **Secretary of State** Principal Place of Business Mailing Address 2497 MIZNER LAKE COURT 2497 MIZNER LAKE COURT WELLINGTON, FL 33414 WELLINGTON, FL 33414 07252008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3700581 Not Applicab \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARMSTRONG, MARIE B DO NOT WRITE 3467 MIZNER LAKE CT WELLINGTON, FL 33414 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008 MANAGING MEMBERS/MANAGERS 9. MGR TITLE ARMSTRONG, MARIE STREET AODRESS 2497 MIZNER LAKE COURT CITY-ST-ZIP WELLINGTON, FL 33414 U000000956605 TITLE 07/29/08-80002-003 538,75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIBE NAME STREET ADDRESS CITY-ST-ZIP

^{11.} I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.