## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 21, 2005 08:00 AM Secretary of State DOCUMENT # L03000049401 1. Entity Name RIDGELAKE DEVELOPMENT COMPANY, L.L.C. Principal Place of Business Mailing Address 2201 CANTU COURT STE. 104 SARASOTA FL 34232 2201 CANTU COURT STE. 104 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 20-0513315 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STARLING, FRED M Street Address (P.O. Box Number is Not Acceptable) 2201 CANTU COURT STE. 104 SARASOTA FL 34232 City Zip Code FI 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9, 02/21/05-80084-016 50.00 1)0000002381UI TITLE **MGRM** Addition TITLE 🔲 Delete STARLING, FRED M NAME NAME STREET ADDRESS 2201 CANTU COURT STE. 104 STREET ADDRESS CITY - ST - ZIP SARASOTA FL 34232 CHY-SI-ZIP UTLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP City-St-2IP TOTLE Delete DILE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete THEF □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP

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SIGNATURE: FRED M. STARLING, MGRM 02/16/05 941-371-3811
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylors Phone #

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.