2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 26, 2007 8:00 am Secretary of State **DOCUMENT # L03000055078** 1. Entity Name 04-26-2007 90026 045 ***150.00 RIDGE STREET HOLDINGS, LLC Mailing Address Principal Place of Business 3200 TAMIAMI TRAIL NORTH, STE. 100 3200 TAMIAMI TRAIL NORTH, STE. 100 NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (12/06) 04232007 Chg-LLC Applied For City & State 4. FEI Number City & State 42-1617486 Not Applicable Country Zip Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LADEMAN, CARRIE E Street Address (P.O. Box Number is Not Acceptable) 3200 TAMIAMI TRAIL NORTH, STE. 100 NAPLES, FL 34103 City Zip Code Fl 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. X XXXX Delete ☐ Addition MGRM me TITLE THALHEIMER, BRUCE DELETE NAME NAME 3200 TAMIAMI TRAIL NORTH, STE. 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES, FL 34103 ☐ Change ☐ Addition MGRM Delete TITLE TITLE THALHEIMER, SANDFORD NAME NAME STREET ADDRESS 3200 TAMIAMI TRAIL NORTH, STE. 100 STREET ADDRESS NAPLES, FL 34103 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition me NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST- ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 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 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.

JRE: SANDY THALHEIMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

4.23.07

Daytime Phone #

THALHEIMER