2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBERS AUTHORIZED REPRESENTATIVE

FILED Mar 11, 2005 08:00 AM Secretary of State

Daytime Phone #

DOCUMENT # L03000055380 1. Entity Name FLORIDA RIDGE PROPERTIES, LLC				Secretary of State
Principal Place of Business Mailing Address 15321 ONE MILE ROAD 15321 ONE MILE ROAD DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446		aterij		
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				02252005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For Not Applicable 5. Cartificate of Status Desired \$5.00 Additional Fee Required
SICILIANO, THOMAS V 980 NORTH FEDERAL HIGHWAY, SUITE 440 BOCA RATON, FL 33432				DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of chariging 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 required when reinstaining) DATE Filling Fee is \$50.00 Due by May 1, 2005				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEME MGR GRAY, LIONEL J JR 15321 ONE MILE ROAD DELRAY BEACH, FL 33446	ERS/MANAGERS	Er = 0	U00000259852 03/11/05-80040-014 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CJTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby condicated	sertify that the information supplied wi	in this filling does not qualify for the exe	emption stated in Se	nction 119.07(3)(i), Florida Statutes. I further certify that the information leads under oath; that I am a managing member or manager of the ler 608, Florida Statutes.