2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Secretary of State **DOCUMENT # L03000056569** 03-16-2006 90026 008 ****55.00 GUNDLACH PROPERTIES RIDGE ROAD, L.L.C. Principal Place of Business Mailing Address 914 NORTH ATLANTIC DRIVE P.O. BOX 3673 LANTANA, FL 33465-3673 LANTANA, FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For City & State 20-0714849 Not Applicable Country Country \$5.00 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUNDLACH, STEPHEN C Street Address (P.O. Box Number is Not Acceptable) 914 NORTH ATLANTIC DRIVE LANTANA, FL 33462 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. 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 reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. TITLE MGRM Delete TITLE ☐ Change ☐ Addition GUNDLACH, PAUL B NAME NAME STREET ADDRESS 121 PARK LANE EAST STREET ADDRESS CITY-ST-7IP HYPOLUXO, FL 33462 CITY-ST-7IP MGRM MILE Delete TITLE Change ☐ Addition GUNOLACH, STEPHEN C NAME NAME GUNDLACH, Stephen C STREET ADDRESS 914 NORTH ATLANTIC DRIVE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33462 CITY-ST-ZIP LANTANA FL 33462 TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME **GUNDLACH, STANLEY J** NAME STREET ADDRESS 129 PARK LANE EAST STREET ADDRESS CITY-ST-ZIP HYPOLUXO, FL 33462 CITY-ST-7IP TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Committee of the control NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CRY-ST-7IP

STEPHEN C GUNDLACH 03/12/06 561 582-7847

FILED

Mar 16, 2006 8:00 am