


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L04000000843 1. Entity Name STANTON PENDER OF LAKE RIDGE 1, LLC	
--	---

Principal Place of Business 7416 SW 48 STREET MIAMI, FL 33155	Mailing Address 7416 SW 48 STREET MIAMI, FL 33155
---	---

DO NOT WRITE IN THIS SPACE



01182005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0221951	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent LEVY, SAUL 7416 SW 48 ST MIAMI, FL 33155
--

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

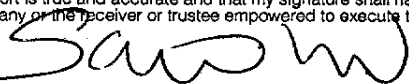
**Filing Fee is \$50.00
Due by May 1, 2005**

000000210635
02/05/05-80057-008 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEVY, SAUL 7416 SW 48 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Feb 1/05 305.662.8660
Date Daytime Phone #