2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000000843

1. Entity Name
STANTON-PENDER OF LAKE RIDGE I, LLC



FILED Apr 14, 2008 08:00 All Secretary of State

Principal Place of Business

7416 SW 48 STREET MIAMI, FL 33155 Mailing Address

7416 SW 48 STREET MIAMI, FL 33155



01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 30-0221951	 Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

DO NOT WRITE IN THIS SPACE

6: Name and Address of Current Registered Agent

LEVY, SAUL 7416 SW 48 ST MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
SIGNATURE			·
			6.7.
the obligations of registered agent.			; ·
e. The above named entity submits this statement for the purpose of	or changing its registered office or registered agont, or both,	, in the state of Florida. I am facilitie	with, and accept

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 04/24/08-80060-025 138.73

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANTON-PENDER DEVELOPMENT GROUP, LLC 7416 SW 48 STREET MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	تو.ر. محمد،	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partiful that the information outplied with this filling date not qualiful to the	xemptions contained in Chapter 119 Florida Statutes. I further certify that the information

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.

SIGNATURE:

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

4/9/08

305.662.8660

Daylime Phone