2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000004571

1. Entity Name

RIDGEWOOD INDUSTRIES MANAGEMENT, LLC



Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR I

Osher

C/O BRANT, ABRAHAM, ET AL 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202 Mailing Address

C/O BRANT, ABRAHAM, ET AL 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202

FILED Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90146 007 ****50.00



03102006 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number		Applied For	
	_20-0611769		Not Applicable	
5.	Certificate of Status Desired		\$5.00 Additional Fee Regulred	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSHER, JOHN D 144 BEAR'S CLUB DRIVE JUPITER, FL 33477		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3377.2.0077		
TITLE NAME STREET ADDRESS City-St-zip		DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature s billity company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 119, Fl hall have the same legal effect as if made under oath; acute this report as required by Chapter 608, Florida Sta	orida Statutes. I further certify that the information that I am a managing member or manager of the lattres.

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PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Manager / Member