


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L04000006119</b>                |  |
| 1. Entity Name<br><b>FOX LAKE RIDGE, L.C.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>2825 BUSINESS CENTER BOULEVARD<br/>WICKHAM BUSINESS PAR, SUITE C-1<br/>MELBOURNE FL 32940</b> | Mailing Address<br><b>2825 BUSINESS CENTER BOULEVARD<br/>WICKHAM BUSINESS PAR, SUITE C-1<br/>MELBOURNE FL 32940</b> |
|---|---|



|   |         |   |         |
|---|---------|---|---------|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. |         | 3. Mailing Address<br>Suite, Apt. #, etc. |         |
| City & State  |         | City & State                              |         |
| Zip   | Country | Zip                                       | Country |

1st MOORE CR2E083 (10/06)

|  |  |  |
|--|--|--|
| 4. FEI Number<br><b>20-0749355</b>                                   |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> |  | <b>\$5.00</b> Additional Fee Required                  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>SIMMS, DONALD L<br/>2825 BUSINESS CENTER BOULEVARD<br/>WICKHAM BUSINESS PAR, SUITE C-1<br/>MELBOURNE FL 32940</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |
|---|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                      |  | 10. ADDITIONS/CHANGES                             |   |
|---|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | MGR<br>SIMMS, DONALD L<br>2825 BUSINESS CENTER BOULEVARD<br>MELBOURNE FL 32940 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000596089<br/>01/23/07-80066-010 55.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | MGR<br>MOLITOR, ROGER<br>2825 BUSINESS CENTER BOULEVARD<br>MELBOURNE FL 32940 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-19-07 321-259-0202