## 2006 LIMITED LIABILITY COMPANY

## **FILED** May 01, 2006 08:00 AM

ANNUAL REPORT	Secretary of State
DOCUMENT # L04000014631  1. Ervity Name RIDGE MANOR INVESTMENTS, LLC	
Principal Place of Business Mailing Address 19514 CORTEZ BLVD. 19514 CORTEZ BLVD. BROOKSVILLE, FL 34601 US BROOKSVILLE, FL 34601 US	E SEERNOUS ON DECK BURK ORBIN DRAW BURK ORBIN JURK DINN DE BURK DE SKOOL WEREN HE WEEK
	04202008 No Chg-LLC CR2E083 (11/05)
DO NOT WRITE IN THIS SPACE	NOT APPLICABLE Not Applicable
C. None and Address of Courset Backs and Appear	5. Certificate of Status Desired S5.00 Additional Fee Regulared
S. Name and Address of Current Registered Agent SELWAY, JOSEPH 19514 CORTEZ BLVD. BROOKSVILLE, FL 34601	DO NOT WRITE IN THIS SPACE
S. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and site it applicable.  [NOTE Registered Agent algressive required when refreshing)  OATE  Filling Fee is \$50.00  Due by May 1, 2008	
9. MANAGING MEMBERS/MANAGERS	
TITLE MGR NOME HERNANDO COUNTY PROPERTY INVESTMENTS, LLC STREET ADDRESS 19514 CORTEZ BLVD. BROOKSVILLE, FL 34601  TITLE NAME STREET ADDRESS	U00000547311 05/12/06-80020-005 50.00
CITY-ST-ZIP  TITLE FIAME STREET ADDRESS CITY-ST-ZIP  TITLE SARME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GTTY-ST-ZIP  DILE NAME 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 acceptate 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.

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

CITY-ST-ZIP

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