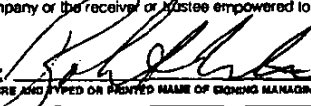


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90145 001 \*\*\*500.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                                 |                                                                                                                                                |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L04000021287</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                                 |                                                                                                                                                |  |  |
| 1. Entity Name<br><b>RIDGEWAY INVESTMENTS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                 |                                                                                                                                                |                                                                                   |  |
| Principal Place of Business<br><b>5800 FIRESTONE ROAD<br/>JACKSONVILLE, FL 32244</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                 | Mailing Address<br><b>1301 RIVERPLACE BLVD., SUITE 2450 RIVERPLACE TOWER, C/O ANSBACHER &amp; MCKEEL, P.A.<br/>JACKSONVILLE, FL 32207-9037</b> |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                                 | 3. Mailing Address                                                                                                                             |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         |                                 | Suite, Apt. #, etc.                                                                                                                            |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                 | City & State                                                                                                                                   |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                 | Zip                             | Country                                                                                                                                        | 4. FEI Number<br><b>26-0081525</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |                                 |                                                                                                                                                | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><b>ANSBACHER &amp; MCKEEL, P.A.<br/>1301 RIVERPLACE BLVD., 2450 RIVERPLACE TOWER<br/>JACKSONVILLE, FL 32207-9037</b>                                                                                                                                                                                                                                                                                                                                       |                                                                         |                                 |                                                                                                                                                | 7. Name and Address of New Registered Agent                                       |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                 |                                                                                                                                                | Name                                                                              |  |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                 |                                                                                                                                                | Street Address (P.O. Box Number is Not Acceptable)                                |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                 |                                                                                                                                                | City                                                                              |  |
| FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                 |                                                                                                                                                | 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 re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         |                                 |                                                                                                                                                |                                                                                   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                 |                                                                                                                                                | Make check payable to<br>Florida Department of State                              |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                 | 10. ADDITIONS/CHANGES                                                                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGR<br>WHITE, ROBERT G<br>5800 FIRESTONE ROAD<br>JACKSONVILLE, FL 32244 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - 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 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:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                                 | 3/10/05 904-778-8352                                                                                                                           |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         |                                 | Date Daytime Phone #                                                                                                                           |                                                                                   |  |

30007400

