2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 04, 2007 8:00 am Secretary of State 05-04-2007 90329 001 ***250.00 **DOCUMENT # L04000021287** RIDGEWAY INVESTMENTS, LLC TROGUNG Principal Place of Business Mailing Address 5800 FIRESTONE ROAD 1301 RIVERPLACE BLVD STE 2450 RIVERPLACE JACKSONVILLE, FL 32244 CE TOWER, C/O ANSBACHER & MCKEEL, P.A. JACKSONVILLE: FL 32207-9087 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 02202007 Chg-LLC CR2E083 (12/06) Ansbacher & McKeel, P.A. City & State 8818 Goodbys Executive Drive 1. FEI Number Applied For Jacksonville, Florida 32217 26-0081525 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent Nan ANSBACHER & MCKEEL, P.A. Stre 1304-RIVERPLACE BLVD STE 2450 RIVERPLACE Ansbacher & McKeel, P.A. JACKSONVILLE, FL 32207-9037-8818 Goodbys Executive Drive Jacksonville, Florida 32217 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition WHITE, ROBERT G. NAME NAME 5800 FIRESTONE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32244 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change noilibhA 🗇 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther certify that the information indicated on this report is true and accurate and that my signature shawhave 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.

TYPED OB FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED