# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 27, 2007**
**Secretary of State**

DOCUMENT# L04000031598

**Entity Name:** MYSTERY RIDGE, LLC

**Current Principal Place of Business:**

31610 UW HWY 27
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

31610 UW HWY 27
HAINES CITY, FL 33844

**New Mailing Address:**

**FEI Number: 20-1056336** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DESROCHERS, CHRISTOPHER
2504 AVE G NW
WINTER HAVEN, FL 33880 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: SHERRARD, CHARLES W MGRM
Address: 3831 GAINES CT.
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGMR ( ) Delete
Name: GARRARD V, LOUIS F MGRM
Address: 121 RAINTREE CT.
City-St-Zip: AUBURNDALE, FL 33823

Title: MGRM ( ) Delete
Name: BOCK, THOMAS A MGRM
Address: 31610 US 27
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES W. SHERRARD MGRM 04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date