

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90174 026 \*\*\*138.75

**DOCUMENT # L04000034186**

1. Entity Name  
**RIDGELAND PARK, LLC**



Principal Place of Business **585 N. COURTENAY PKWY, SUITE 302**

~~318 TANGERINE AVENUE~~  
MERRITT ISLAND, FL 32953

~~318 TANGERINE AVENUE~~  
MERRITT ISLAND, FL 32953

**585 N. COURTENAY PKWY, SUITE 302**



03262008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-5157800**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SOILEAU, JOHN L  
3490 NORTH US HIGHWAY 1  
COCOA, FL 32926

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PERRONE, RALPH  
585 N. COURTENAY PKWY, SUITE 302  
MERRITT ISLAND, FL 32953**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SMALL, RICHARD  
2368 BROOKSIDE DRIVE  
MELBOURNE, FL 32903**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #