2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000060721

1. Entity Name
PEACEFUL RIDGE, L.L.C.



FILED Jan 18, 2007 08:00 AM Secretary of State

Principal Place of Business

4000 HOLLYWOOD BLVD., SUITE 350-N HOLLYWOOD, FL 33021

Mailing Address

4000 HOLLYWOOD BLVD., SUITE 350-N HOLLYWOOD, FL 33021



01082007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number | | | Applied For |
|----------------------------------|--|--------|----------------|
| 20-1571091 | | Γ | Not Applicable |
| 5. Certificate of Status Desired | | \$5.00 | Additional |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FEINBERG, JEFFREY ESQ FEINBERG & MAIDENBAUM 4000 HOLLYWOOD BOULEVARD, SUITE 350-N HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the purpose of char ions of registered agent. | nging its registered office or registered agent, or both | , in the State of Florida. I am familiar with, and accept |
|---------------------------------------|--|--|---|
| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent algosture required when reinstating) | DATE |
| FI D | iling Fee is \$50.00 ue by May 1, 2007 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SHOUA, ALISA 2800 SW 121 AVE DAVIE, FL 33330 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | U00000591556 01/19/07-80027-014 50.00 |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN T | HIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |

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 imitted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

| SIGNATURE: Allow 12 AUSA SHOUA | 1/10 | 107 | 9544727371 |
|--|------|-----|-----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | | | Daytime Phone # |