

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000067737

1. Entity Name  
SHADOW RIDGE HOLDINGS, LLC



FILED

2005 OCT 21 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1083 N COLLIER BLVD  
#334  
MARCOS ISLAND, FL 34145

Mailing Address  
1083 N COLLIER BLVD  
#334  
MARCOS ISLAND, FL 34145

2. Principal Place of Business  
263 Shadow Ridge Court  
Suite, Apt. #, etc.

3. Mailing Address  
263 Shadow Ridge Court  
Suite, Apt. #, etc.

City & State  
Marco Island  
Zip  
34145  
Country  
USA

City & State  
Marco Island  
Zip  
34145  
Country  
USA

10192005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
20-1622199  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

1ST INTEGRITY INVESTMENTS, LLC  
1083 N COLLIER BLVD  
#334  
MARCO ISLAND, FL 34145

## 7. Name and Address of New Registered Agent

Name  
TODD STADHEIM  
Street Address (P.O. Box Number is Not Acceptable)

263 Shadow Ridge Court  
City Marco Island FL Zip Code 34145

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 10-19-05  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete  
NAME NACHEF, JOHN P  
STREET ADDRESS 1083 N COLLIER BLVD  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE MGR ☐ Delete  
NAME TODD STADHEIM  
STREET ADDRESS 263 Shadow Ridge Court  
CITY-ST-ZIP Marco Island, FL 34145

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 000060836530  
STREET ADDRESS 10/21/05--01003--001 \*\*100.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10-19-05