

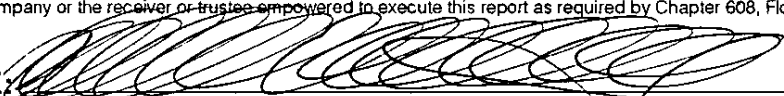


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000083638 1. Entity Name ROLLING RIDGE DEVELOPMENT COMPANY, LLC						05 AUG 10 PM 2:46 					
Principal Place of Business 1234 AIRPORT ROAD, STE. 215 DESTIN FL 32541				Mailing Address 1234 AIRPORT ROAD, STE. 215 DESTIN FL 32541							
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			1st MOORE CR2E083 (10/04) 4. FEI Number 59-3755013 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Applied For</td> </tr> <tr> <td></td> <td style="text-align: center;">Not Applicable</td> </tr> </table>			Applied For		Not Applicable
	Applied For										
	Not Applicable										
City & State Zip Country			City & State Zip Country								
6. Name and Address of Current Registered Agent OLSON, RICHARD 1234 AIRPORT ROAD, STE. 215 DESTIN FL 32541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____											
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005											
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES							
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	700054227807 05/10/05--01088--001 **3190.00					
NAME	OLSON & ASSOCIATES OF NW FLORIDA, INC.		NAME								
STREET ADDRESS	1234 AIRPORT ROAD, STE. 215		STREET ADDRESS								
CITY-ST-ZIP	DESTIN FL 32541		CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			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:  4/28/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____											