
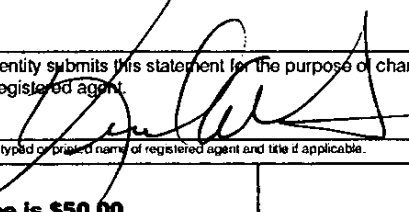


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90013 001 \*\*\*\*55.00

|   |         |     |  |   |  |
|---|---------|-----|--|---|--|
| <b>DOCUMENT # L04000086691</b>  |         |     |  |  |  |
| 1. Entity Name<br>ANGEL RIDGE, LLC  |         |     |  |   |  |
| Principal Place of Business<br>16095 N.W. 57TH AVENUE<br>HIALEAH, FL 33014 US   |         |     | Mailing Address<br>16095 N.W. 57TH AVENUE<br>HIALEAH, FL 33014 US  |   |  |
| 2. Principal Place of Business  |         |     | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |         |     | Suite, Apt. #, etc.  |   |  |
| City & State  |         |     | City & State   |   |  |
| Zip   | Country | Zip | Country  | 4. FEI Number<br><u>20-1950529</u>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required   |         |     |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><br>LEOPOLD, KORN & LEOPOLD, P.A.<br>20801 BISCAYNE BLVD.<br>SUITE 501<br>AVENTURA, FL 33180   |         |     | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 <u>7/25/05</u>   |         |     |  |   |  |
| Filing Fee is \$50.00<br>Due by September 7, 2005   |         |     | Make check payable to<br>Florida Department of State   |   |  |



07132005 Chg-LLC CR2E083 (10/03)

| 9. MANAGING MEMBERS/MANAGERS                   |  |                                 | 10. ADDITIONS/CHANGES                          |  |   |
|--|--|---------------------------------|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GRESS, KENNETH A<br>16095 N.W. 57TH AVENUE<br>HIALEAH, FL 33014 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GRESS, VIRGINIA<br>16095 N.W. 57TH AVENUE<br>HIALEAH, FL 33014  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

7/25/05 305-625-5151