

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90063 006 ***138.75

DOCUMENT # L05000012844					
1. Entity Name RIDGE CROSSING, LLC					
Principal Place of Business 3150-3160 WEST PINE RIDGE BLVD. BEVERLY HILLS, FL 34465			Mailing Address 4141 WEST BONANZA DRIVE BEVERLY HILLS, CA 34465		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4141 West Bonanza Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Beverly Hills, FLORIDA			
Zip	Country	Zip 34465	Country	01042008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-2353889				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THOR, TINA J 4141 W. BONANZA DRIVE BEVERLY HILLS, FL 34465			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 \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THOR, DONALD H JR. 3150-3160 WEST PINE RIDGE BLVD. BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THOR, TINA J 3150-3160 WEST PINE RIDGE BLVD. BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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:			Donald H. Thor Jr. 2/8/08 352-613-5557		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		