2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000016457

1. Entity Name
RIDGE ACRES OF CENTRAL FLORIDA, L.L.C.

Principal Place of Business	Mailing Address
1420 S. FLORIDA AVE.	1420 S. FLORIDA AVE.
LAKELAND, FL 33803	LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

01262007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
59-3799372		Not Applicable

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

6. **Name and Address of Current Registered Agent**

HARPER, PAUL S
1420 S. FLORIDA AVE.
LAKELAND, FL 33803

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	HARPER, PAUL S	
STREET ADDRESS	1420 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE		
NAME		
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03/20/07-80011-006 50.00

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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: _____   Paul Sean Harper   3/6/07   863-687-8020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #