

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045726

FILED  
Mar 14, 2007  
Secretary of State

Entity Name: RIDGEWOOD RETAIL SHOPPES LLC

## Current Principal Place of Business:

P.O. BOX 10396  
DAYTONA BEACH, FL 32120

## New Principal Place of Business:

19 KINGSBRIDGE CROSSING DRIVE  
ORMOND BEACH, FL 32174

## Current Mailing Address:

P.O. BOX 10396  
DAYTONA BEACH, FL 32120

## New Mailing Address:

FEI Number: 27-0122907      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUMBERT, WILLIAM  
4 LOST SPRINGWAY  
ORMOND BEACH, FL 32174      US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HUMBERT, WILLIAM  
Address: 4 LOST SPRINGWAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete  
Name: LINDA JEANNE JUSTICE, REVOCABLE TRU S T OF 19  
Address: 608 AUBREY LANE  
City-St-Zip: SOUTH DAYTONA, FL 32119

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: LINDA JEANNE JUSTICE, REVOCABLE TRU S T OF 19  
Address: 19 KINGSBRIDGE CROSSING DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM HUMBERT

MGR

03/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date