2006 LIMITED LIABILITY COMPANY

Mar 06, 2006 8:00 am ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # L05000054016 02-10-2006 90168 023 ****55.00 1. Entity Name EAGLE RIDGE COMMERCIAL CENTER, LLC Principal Place of Business Mailing Address 110 SOUTH COURTENAY PARKWAY, SUITE 2 MERRITT ISLAND FL 32952 110 SOUTH COURTENAY PARKWAY, SUITE 2 MERRITT ISLAND FL 32952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 20-4407342 Not Applicable Country Ziο Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OSWALD & OSWALD, P.L Street Address (P.O. Box Number is Not Acceptable) ATTN: DOUGLAS W. OSWALD 600 COURTLAND STREET, SUITE 110 ORLANDO FL 32804 City 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, typisal or printed risine of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstativity) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE TITLE MGR Ociete ☐ Change ☐ Addition MALIF SAVELL, MICAH G MASSE STREET ADDRESS STREET ADDRESS 110 SOUTH COURTENAY PARKWAY, SUITE 2 CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY. ST. 7IP TITLE ☐ Change THE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-5T-ZIP ☐ Addition TITLE Delete TITLE Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS

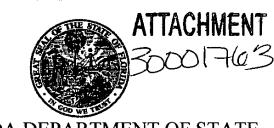
FILED

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

CITY-ST-ZIP

321 452 5300 MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 14, 2006

EAGLE RIDGE COMMERCIAL CENTER, LLC 110 SOUTH COURTENAY PARKWAY, SUITE 2 **MERRITT ISLAND, FL 32952**

CEIVED FEB 2 2 2006 BY:_

Subject: EAGLE RIDGE COMMERCIAL CENTER, LLC

Reference Number:

L05000054016

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION