

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90026 019 *****50.00

DOCUMENT # L05000077241

1. Entity Name
ARBOR RIDGE, LLC



Principal Place of Business
1105 KENSINGTON PARK DRIVE
ALTAMONTE SPRINGS, FL 32701

Mailing Address
1105 KENSINGTON PARK DRIVE
ALTAMONTE SPRINGS, FL 32701

20004232

2. Principal Place of Business

3. Mailing Address
1033 STATE ROAD 436

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 121

01102006 Chg-LLC CR2E083 (11/05)

City & State

City & State
CRASSEL BERRY FL

4. FEI Number
20-1978212

Applied For
Not Applicable

Zip

Country

Zip
32107

Country
SEMINOLE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKETT, WILLIAM A
215 N. EOLA DRIVE
ORLANDO, FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re/instating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
CHAIRMAN
ROBERT A MANDELL
1105 KENSINGTON PARK DR
ALTAMONTE SPRINGS FL 32714

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
PRESIDENT
CHARLES W GREGG
1105 KENSINGTON PARK DR
ALTAMONTE SPRINGS FL 32714

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
VP
HAMPTON P CONLEY
SAME

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
VP
SIMON D SNYDER
SAME

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
CFO
STEPHEN M GALLAGHER
SAME

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/10/06 407-869-0300