

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077241

Entity Name: ARBOR RIDGE, LLC

FILED
Feb 10, 2009
Secretary of State

Current Principal Place of Business:

1033 STATE RD 436
SUITE 121
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

1033 STATE RD. #36
SUITE 121
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 20-3276123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLAGHER, STEPHEN M
1033 SR 436 #121
CASSELBERRY, FL 32707 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: CFO () Delete
Name: GALLAGHER, STEPHEN N
Address: 1033 STATE RD 436 SUITE 121
City-St-Zip: CASSELBERRY, FL 32707

Title: C () Delete
Name: MANDELL, ROBERT A
Address: 1033 STATE RD 436 SUITE 121
City-St-Zip: CASSELBERRY, FL 32707

Title: P () Delete
Name: GREGG, CHARLES W
Address: 1033 STATE RD 436 SUITE 121
City-St-Zip: CASSELBERRY, FL 32707

Title: VP () Delete
Name: CONLEY, HAMPTON P
Address: 1033 STATE RD 436 SUITE 121
City-St-Zip: CASSELBERRY, FL 32707

Title: VP () Delete
Name: SNYDER, SIMON D
Address: 1033 STATE RD 436 SUITE 121
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN M GALLAGHER

CFO

02/10/2009

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