


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # L05000085766 1. Entity Name OCEAN RIDGE FARM, LLC |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 1080 FAIRVIEW LANE SINGER ISLAND, FL 33404 US | Mailing Address 1080 FAIRVIEW LANE SINGER ISLAND, FL 33404 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01102007No Chg-LLC

CR2E083 (11/05)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 51-0552328 | Applied For Not Applicable |
|------------------------------------|-------------------------------|


| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**HARRINGTON-GRAUE, JOY M MRS.
1080 FAIRVIEW LANE
SINGER ISLAND, FL 33404**

**DO NOT WRITE
IN THIS SPACE**

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  DATE _____

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


**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MRS. HARRINGTON-GRAUE, JOY M MRS. 1080 FAIRVIEW LANE SINGER ISLAND, FL 33404 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000735570
05/10/07-80039-010 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **4/20/07** **561-863-1018**

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