2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JUL 18 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

01122006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000101500

1. Entity Name
EAGLE RIDGE DEVELOPERS, L.L.C.

Principal Place of Business	Mailing Address
6909 RIVER BIRCH COURT BRADENTON, FL 34202	6909 RIVER BIRCH COURT BRADENTON, FL 34202

2. Principal Place of Business	3. Mailing Address
6906 River Birch Court	6906 River Birch Court
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Bradenton, FL 34202	City & State: Bradenton, FL 34202
Zip: 34202 Country: USA	Zip: 34202 Country: USA

4. FEI Number: 20-3633714 ☐ Applied For ☐ Not Applicable

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
SAVARY, JONSON S JR.,ESQ 1990 MAIN STREET, SUITE 700 SARASOTA, FL 34236	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 reinstating) 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	MGR RINEHART, STEPHEN T 6909 RIVER BIRCH COURT BRADENTON, FL 34202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rinehart, Stephen T. 6906 River Birch Court Bradenton, FL 34202	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNIHAN, DAVID C 103 WOODLAKE DRIVE VENICE, FL 34292	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300077944953 07/25/06--01030--005 **50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 #