

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 18, 2006 8:00 am
Secretary of State

04-24-2006 90067 024 ****50.00

DOCUMENT # **L05000120283**
1. Entity Name
S. Ridgewood, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21305 Dadeland Blvd
Suite, Apt. #, etc.
1129

3. Mailing Address
City & State
Mia, FL
Zip
33156
Country
US

City & State
Mia, FL

City & State
Mia, FL

4. FEI Number
43-2095002

Applied For
 Not Applicable

Zip
33156

Country
US

Zip
33156

Country
US

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **Carlos E. Casoso**
Street Address (P.O. Box Number is Not Acceptable)
21305 Dadeland Blvd
Suite #1129
City **Mia** FL **33156**

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.
SIGNATURE **[Signature]** DATE **4-18-06**

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Ariel Azo 2715 MamiLakes Drive, #250 Mia, FL 33014	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Carlos E. Casoso 21305 Dadeland Blvd. #1129 Miami, FL 33156	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]** DATE **4-18-06**