

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

04-27-2007 90029 005 ***150.00

DOCUMENT # L06000016673

1. Entity Name
WEST RIDGE PLACE, LLC



Principal Place of Business
**125 W. LORETTA STREET
 PENSACOLA, FL 32505**

Mailing Address
**125 W. LORETTA STREET
 PENSACOLA, FL 32505**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



05152007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4243664** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NORWOOD, STACY
125 W. LORETTA STREET
PENSACOLA, FL 32505

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORWOOD, RANDY			NAME			
STREET ADDRESS	3575 DON JANEAL ROAD			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32526			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GODFREY, ROBERT JR			NAME			
STREET ADDRESS	1744 CONDOR DRIVE			STREET ADDRESS			
CITY-ST-ZIP	CANTONMENT, FL 32533			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORWOOD, STACY			NAME			
STREET ADDRESS	3575 DON JANEAL ROAD			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32526			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GODFREY, STEPHANIE			NAME			
STREET ADDRESS	1744 CONDOR DRIVE			STREET ADDRESS			
CITY-ST-ZIP	CANTONMENT, FL 32533			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Stephanie Godfrey **5/15/07** **850-430-4007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #