

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000016673

FILED
May 15, 2008
Secretary of State**Entity Name:** WEST RIDGE PLACE, LLC**Current Principal Place of Business:**125 W. LORETTA STREET
PENSACOLA, FL 32505**New Principal Place of Business:****Current Mailing Address:**125 W. LORETTA STREET
PENSACOLA, FL 32505**New Mailing Address:****FEI Number:** 20-4243664**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NORWOOD, STACY
125 W. LORETTA STREET
PENSACOLA, FL 32505 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:** MGR () Delete
Name: NORWOOD, RANDY
Address: 3575 DON JANEAL ROAD
City-St-Zip: PENSACOLA, FL 32526**Title:** MGR () Delete
Name: GODFREY, ROBERT JR
Address: 1744 CONDOR DRIVE
City-St-Zip: CANTONMENT, FL 32533**Title:** MGRM () Delete
Name: NORWOOD, STACY
Address: 3575 DON JANEAL ROAD
City-St-Zip: PENSACOLA, FL 32526**Title:** MGRM () Delete
Name: GODFREY, STEPHANIE
Address: 1744 CONDOR DRIVE
City-St-Zip: CANTONMENT, FL 32533**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: NORWOOD, RANDEL
Address: 3575 DON JANEAL ROAD
City-St-Zip: PENSACOLA, FL 32526**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: STACY NORWOOD

MGRM

05/15/2008

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