2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2007 8:00 am
Secretary of State

04-23-2007 90358 039 ****50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000028409

1. Entity Name

RIDGECREST MANAGEMENT COMPANY, LLC

Principal Place of Business	Mailing Address
1920 N. THORNTON ROAD CASA GRAND AZ 85222	1920 N. THORNTON ROAD CASA GRAND AZ 85222

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	29605 US 19
Suite, Apt. #, etc.	Suite, Apt. #, etc. 130
City & State	City & State CLEARWATER FL
Zip / Country	Zip 33761 / Country PINELLAS

4. FEI Number 20 - 3353034 — 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
TROIANO, VICTOR J 317 S. TENNESSEE AVE. LAKELAND FL 33801	Name THOMAS E PEASE Street Address (P.O. Box Number is Not Acceptable) 29605 US 19 #130 City CLEARWATER FL Zip Code 33761

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] THOMAS E PEASE 5/7/07

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ☐ Delete GEORGE McGAVIN SR 1920 N THORNTON RD CASA GRANDE AZ 85222	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
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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 Section 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] T PEASE 4/26/07 727-785-7400

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