



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90217 014 ****50.00

DOCUMENT # L06000031693 1. Entity Name 318 RIDGEDALE ROAD, LLC																													
Principal Place of Business 1395 BRICKELL AVENUE, 14TH FLOOR-JCS AVENTURA, FL 33131			Mailing Address 1395 BRICKELL AVENUE, 14TH FLOOR-JCS AVENTURA, FL 33131																										
2. Principal Place of Business - No P.O. Box # 6520 SW 104 Street Suite, Apt. #, etc.		3. Mailing Address 6520 SW 104 Street Suite, Apt. #, etc.																											
City & State Pinecrest, FL Zip 33156		City & State Pinecrest, FL Zip 33156		4. FEI Number 20-4597881 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01252007 Chg-LLC CR2E083 (12/06)																									
6. Name and Address of Current Registered Agent STRICKROOT, JOHN C ESQ. 1395 BRICKELL AVENUE, 14TH FLOOR-JCS AVENTURA, FL 33131			7. Name and Address of New Registered Agent Name John C. Strickroot, Esq. Street Address (P O Box Number is Not Acceptable) Fowler White Burnett P.A. 1395 Brickell Avenue 14th FL. City Miami FL 33131																										
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. John C. Strickroot SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (Note: Registered Agent signature required when reinstating) DATE Feb 30, 2007																													
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">MGRM</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Peter E. Houghton</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6520 SW 104 Street</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Pinecrest, FL 33156</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	Peter E. Houghton		STREET ADDRESS	6520 SW 104 Street		CITY-ST-ZIP	Pinecrest, FL 33156		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">MGRM</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Peter E. Houghton</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6520 SW 104 Street</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Pinecrest, FL 33156</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Peter E. Houghton		STREET ADDRESS	6520 SW 104 Street		CITY-ST-ZIP	Pinecrest, FL 33156	
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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. Peter E. Houghton SIGNATURE: _____ (Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)																													
Date 2.12.07				Daytime Phone # 305 856 4449																									