


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90101 016 ****55.00

DOCUMENT # L06000053822 1. Entity Name SOUTHERN RIDGE, LLC					
Principal Place of Business 2253 COUNTRY PLACE CIRCLE PENSACOLA, FL 32534			Mailing Address 2253 COUNTRY PLACE CIRCLE PENSACOLA, FL 32534		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02122007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-5154244</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 15px; float: right;">Applied For</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 15px; float: right;">Not Applicable</div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAPP, DAVID A 4457 BAYOU BOULEVARD PENSACOLA, FL 32503			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STURGEN, MARK 2253 COUNTRY PLACE CIRCLE PENSACOLA, FL 32534	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Mark Sturgen</u> <u>Mark Sturgen</u> Manager 2/19/07 850 944 6805 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					