

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90021 040 ***138.75

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DOCUMENT # L07000042942					
1. Entity Name RIDGEWOOD AVENUE LLC					
Principal Place of Business 4393 RIDGEWOOD AVENUE, SUITE 2 PORT ORANGE CITY, FL 32127			Mailing Address 4393 RIDGEWOOD AVENUE, SUITE 2 PORT ORANGE CITY, FL 32127		
2. Principal Place of Business - No P.O. Box # See Above			3. Mailing Address See Above		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ELLIS, ARMISTEAD W JR. 319 N. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32115			7. Name and Address of New Registered Agent Name ELLIS, ARMISTEAD W. JR Street Address (P.O. Box Number is Not Acceptable) 4393 Ridgewood Ave, Suite 2 City PORT ORANGE, FL Zip Code 32127		
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				DATE 4/22/08	
(NOTE: Registered Agent signature required when reinstating)				Make check payable to Florida Department of State	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLIS, JR., ARMISTEAD W ESQ. 4393 RIDGEWOOD AVENUE, SUITE 2 PORT ORANGE CITY, FL 32127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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:				Date 4/22/08 386-767-1152	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	