

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096287

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: SHADOW RIDGE PHASE 2, LLC

**Current Principal Place of Business:**

150 NORTH ORANGE AVENUE  
SUITE 410  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

150 NORTH ORANGE AVENUE  
SUITE 410  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAUDHARI, SANJAY  
150 NORTH ORANGE AVENUE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

CHAUDHARI, SANJAY  
150 NORTH ORANGE AVENUE  
410  
ORLANDO, FL 32801 US

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: SANJAY CHAUDHARI

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHAUDHARI, SANJAY  
Address: 150 NORTH ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CHAUDHARI, SANJAY  
Address: 150 NORTH ORANGE AVENUE STE 410  
City-St-Zip: ORLANDO, FL 32801

Title: MGRM ( ) Change (X) Addition  
Name: CHAUDHARI, LAUREN  
Address: 150 NORTH ORANGE AVENUE STE 410  
City-St-Zip: ORLANDO, FL 32801

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: SANJAY CHAUDHARI

MGRM

04/30/2009

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