

**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 FEB 21 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE**  
\$ 203.75  
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company  
**DOCUMENT # L96000000672**

RIDGE MANOR PARK, L.C.  
249 JASPER STREET N.W.  
NO. 32  
LARGO FL 34640

1a. Principal Place of Business Address

249 JASPER STREET N.W.  
NO. 32  
LARGO FL 34640

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 1301 POLK CITY RD Suite, Apt. #, etc. #130 City & State TAMPA CITY FL Zip 33844 Country POLK		2a. Mailing Address 29605 US 19 N #130 Suite, Apt. #, etc. #130 City & State CLEARWATER FL Zip 34621 Country USA		3. Date Organized or Qualified 06/20/1996		3a. State of Formation FL	
				4. FEI Number 59-3398920		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report		6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>	

7. Name and Address of Current Registered Agent

PEASE, THOMAS E  
CRITERIA CENTER, SUITE 130  
29605 U.S. HIGHWAY 10 NORTH  
CLEARWATER, FL FL

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MCGAVIN, ADAM JR	<del>249 JASPER ST. N.W. NO. 32</del> 29605 US 19 N #130	<del>LARGO FL</del> CLEARWATER FL 34621 200002096872--1 -02/25/97--01096--005 ****203.75 ****203.75 B2-21-97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

*Adam McGavin Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2-15-97/407-827-7821