

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000672 RIDGE MANOR PARK, L.C. 29605 US 19 N. #130 CLEARWATER FL 34621		1a. Principal Place of Business Address 1301 POLK CITY RD. HAINES CITY FL 33844	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country 33761	3. Date Organized or Qualified 06/20/1996	3a. State of Formation FL
		4. FEI Number 59-3398970	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 03/09/1998	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent PEASE, THOMAS E CRITERION CENTRE, SUITE 130 29605 U.S. HIGHWAY 10 NORTH CLEARWATER FL		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 31000028147031-5 -03/23/99 -01017--024 ****188.75 ****188.75 City FL Zip Code 33761	
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 _____		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MCGAVIN, ADAM JR	29605 US 19 N., #130	CLEARWATER FL
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: <i>Adam McGavin Jr</i> 3/2/99 SIGNATURE AND TITLE OF PRESIDENT, MANAGING MEMBER, OR TRUSTEE			