

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90212 027 ****50.00

DOCUMENT # L96000000672

1. Entity Name

RIDGE MANOR PARK, L.C.



Principal Place of Business

1301 POLK CITY RD.
HAINES CITY FL 33844

Mailing Address

29605 US 19 N.
#130
CLEARWATER FL 33761

2. Principal Place of Business - No P.O. Box #

29605 US 19 N

3. Mailing Address

Suite, Apt. #, etc.

130

Suite, Apt. #, etc.

City & State

CLEARWATER

City & State

Zip

33761

Country

FL PINELLAS

Zip

Country

4. FEI Number

59-3398970

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

PEASE, THOMAS E
CRITERION CENTRE, SUITE 130
29605 U.S. HIGHWAY 10 NORTH
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MCGAVIN, ADAM JR
1920 NORTH THORNTON RD
CASA GRANDE AZ 85222

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1920 NORTH THORNTON

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Thomas E Pease DEPEASE CONTROLLER

3/15/07

727-785-7460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #