2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

04-15-2008 90116 017 ***138.75

DOCUMENT # L99000004454

1. Entity Name
647 SOUTH RIDGEWOOD, L.C.

Principal Place of Business
647 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32115-0471

Mailing Address
647 S RIDGEWOOD AVE
DAYTONA BEACH, FL 32114

30006803

01082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #: 647 South Ridgewood Ave.
Suite, Apt. #, etc.:
City & State: Daytona Beach FL
Zip: 32114
Country:

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

4. FEI Number: 59-3595778 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEITZ, WILLIAM H
662 NEEDLERUSH ROAD
PORT ORANGE, FL 32127

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] Frederick H. Tresher 4/2/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	SEITZ, WILLIAM H	
STREET ADDRESS	662 NEEDLERUSH ROAD	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	MGRM	☐ Delete
NAME	TRESHER, FREDERICK H III	
STREET ADDRESS	1903 NORTH PENINSULA DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] 5-19-08 386/253-9790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Frederick H. Tresher III