

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006762

Entity Name: LAKE RIDGE, L.L.C.

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

301 SE 19 STREET
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

301 SE 19 STREET
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 51-0551471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTOS, MIKE
319 SE 19TH ST.
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

MARTOS, MIKE
301 SE 19TH ST.
FORT LAUDERDALE, FL 33316 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:

04/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARTOS, MIKE A
Address: 301 SE 19 STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM () Delete
Name: NASH, JOHN C
Address: 301 SE 19 STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM () Delete
Name: KRAVER, SCOTT K MR
Address: 301 SE 19 STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN C. NASH

MGRM

04/29/2007

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