

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007511

1. Entity Name  
RIDGE GARDEN APARTMENTS, L.L.C.

FILED  
Apr 17 2000 8:00 am  
Secretary of State

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SEI  
FALI

Principal Place of Business

2033 MAIN STREET, SUITE 101  
SARASOTA FL 34237

Mailing Address

2033 MAIN STREET, SUITE 101  
SARASOTA FL 34237-6049



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

City & State

4. FEI Number

65-0959809

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

MINM

6. Name and Address of Current Registered Agent

PFLUGNER, J. G  
2033 MAIN STREET, SUITE 101  
SARASOTA FL 34237

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME  
Manager  
STREET ADDRESS  
Greg Kent  
280 Adams Street  
CITY- ST- ZIP  
Denver, Colorado 80206

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE NAME  
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CITY- ST- ZIP

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TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME  
100003241431-  
STREET ADDRESS  
-05/05/00--01092--007  
CITY- ST- ZIP  
\*\*\*\*100.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ 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

☐ Change ☐ Addition

11. I 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 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

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

Date

Daytime Phone #

2-29-00

CR2E083 (9/99)