

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90157 039 \*\*\*\*50.00

**DOCUMENT # L99000007511**

1. Entity Name

**RIDGE GARDEN APARTMENTS, L.L.C.**

Principal Place of Business

**2033 MAIN STREET, SUITE 600  
 SARASOTA FL 34237**

Mailing Address

**2033 MAIN STREET, SUITE 600  
 SARASOTA FL 34237**

2. Principal Place of Business

**2201 CANTU COURT**

Suite, Apt. #, etc.

**#118**

3. Mailing Address

**2201 CANTU COURT**

Suite, Apt. #, etc.

**#118**

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

Zip

Country

**34232**

Zip

Country

**34232**

6. Name and Address of Current Registered Agent

**HAMILTON, JANA  
 2201 CANTU COURT, #118E 101  
 SARASOTA FL 34232**

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>KENT, GREG</b>	
STREET ADDRESS	<b>280 ADAMS STREET</b>	
CITY-ST-ZIP	<b>DENVER CO 80206</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/8/02 (941) 378-7000**  
 Date Daytime Phone #

CR2E083 (9/01)