

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90066 008 ****50.00

DOCUMENT # L99000007511

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



Principal Place of Business
3001 BEE RIDGE RD
SARASOTA, FL 34239

Mailing Address
4815 E BUSCH BLVD
STE 208
TAMPA, FL 33617

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

3. Mailing Address

14502 N. Dale Mabry

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33618

USA



03302007 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-0959809

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, DAVID
OWNERS PROPERTY MANAGEMENT
4815 E BUSCH BLVD STE 208
TAMPA, FL 33617

Name

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

14502 N. Dale Mabry, Ste 200

City

Tampa

FL

Zip Code

33618

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.

DAVID GORDON, Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/07

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME KENT, GREG
STREET ADDRESS 280 ADAMS STREET
CITY - ST - ZIP DENVER, CO 80206

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

DAVID GORDON

4/27/07

813-287-1078

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

Date

Daytime Phone #