

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000008217

1. Entity Name
NORTH RIDGE PROPERTIES, LLC



Principal Place of Business
4039 NE 10TH AVENUE
OAKLAND PARK, FL 33334

Mailing Address
4039 NE 10TH AVENUE
OAKLAND PARK, FL 33334



01052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0976877

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANTWEILER, JUDITH
4039 N.E. 10TH AVENUE
OAKLAND PARK, FL 33334

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ANTWEILER, JUDITH
4039 N.E. 10TH AVENUE
OAKLAND PARK, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RICKEL, JOHN
4039 N.E. 10TH AVENUE
OAKLAND PARK, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000174842
01/10/05-80026-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

JUDITH ANTWEILER
JUDY ANTWEILER

Judith Antweiler 1-5-04 954 566-21

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

Date

Daytime Phone