


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 21, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000002673
1. Entity Name
RIDGWAY'S GP, LLC



Principal Place of Business
5711 HILLCROFT
HOUSTON, TX 77036

Mailing Address
700 N CENTRAL AVE
#550
GLENDALE, CA 91203



05062004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0299163

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 8, 2004**

U00000162793
06/21/04-80003-018 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CHANDRAMOHAN, SATHIYAMURTHY 700 N CENTRAL AVE, #550 GLENDALE, CA 91203 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SURIYAKUMAR, KUMARAKULASING 700 N CENTRAL AVE, #550 GLENDALE, CA 91203 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SOUTHWESTERN REPROGRAPHICS, INC 700 N CENTRAL AVE, #550 GLENDALE, CA 91203 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LEGG, MARK W 700 N CENTRAL AVE, #550 GLENDALE, CA 91203 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**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:  **MARK W. LEGG** 5-6-04 818-90-0225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #