

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90066 037 *****55.00

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05122005 Chg-LLC CR2E083 (10/03)

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																																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 76-0299163 Applied For <input type="checkbox"/> Not Applicable																																									
City & State		City & State																																											
Zip	Country	Zip	Country																																										
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																									
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																													
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td></td> <td>MGR</td> <td>CHANDRAMOHAN, SATHIYAMURTHY</td> <td>700 N CENTRAL AVE, #550 GLENDALE, CA 91203</td> <td></td> </tr> <tr> <td></td> <td>MGRM</td> <td>SURIYAKUMAR, KUMARAKULASING</td> <td>700 N CENTRAL AVE, #550 GLENDALE, CA 91203</td> <td></td> </tr> <tr> <td></td> <td>MGRM</td> <td>SOUTHWESTERN REPROGRAPHICS, INC</td> <td>700 N CENTRAL AVE, #550 GLENDALE, CA 91203</td> <td style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td></td> <td>MGR</td> <td>LEGG, MARK W</td> <td>700 N CENTRAL AVE, #550 GLENDALE, CA 91203</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		MGR	CHANDRAMOHAN, SATHIYAMURTHY	700 N CENTRAL AVE, #550 GLENDALE, CA 91203			MGRM	SURIYAKUMAR, KUMARAKULASING	700 N CENTRAL AVE, #550 GLENDALE, CA 91203			MGRM	SOUTHWESTERN REPROGRAPHICS, INC	700 N CENTRAL AVE, #550 GLENDALE, CA 91203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		MGR	LEGG, MARK W	700 N CENTRAL AVE, #550 GLENDALE, CA 91203						<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 5-26-05 Daytime Phone # 818-500-0225																																									