


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M01000002673 1. Entity Name RIDGWAY'S GP, LLC	
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Principal Place of Business 5711 HILLCROFT HOUSTON, TX 77036	Mailing Address 700 N CENTRAL AVE #550 GLENDALE, CA 91203
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04182006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0299163	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_

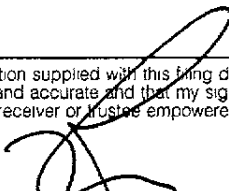
**Filing Fee is \$50.00  
Due by May 1, 2006**

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, KUMARAKULASI 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	MGRM WILCO REPROGRAPHICS, INC 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

U00000549475  
05/13/06-80024-001 50.00

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:**  **4-25-06** **808-500-0226**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #