

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005726

Entity Name: 5111 RIDGEWOOD, LLC

FILED  
Feb 06, 2009  
Secretary of State

## Current Principal Place of Business:

5111 SOUTH RIDGEWOOD AVE., #300  
PORT ORANGE, FL 32127

## New Principal Place of Business:

5111 SOUTH RIDGEWOOD AVE.  
SUITE 201  
PORT ORANGE, FL 32127

## Current Mailing Address:

5111 SOUTH RIDGEWOOD AVE., #300  
PORT ORANGE, FL 32127

## New Mailing Address:

5111 SOUTH RIDGEWOOD AVE.  
SUITE 201  
PORT ORANGE, FL 32127

FEI Number: 20-3639636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARK, ANDREW D MGR  
5111 S. RIDGEWOOD AVE  
SUITE 300  
PORT ORANGE, FL 32127 US

## Name and Address of New Registered Agent:

CLARK, ANDREW D MGR  
5111 S. RIDGEWOOD AVE  
SUITE 201  
PORT ORANGE, FL 32127 US

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.

SIGNATURE: D ANDREW CLARK

02/06/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CLARK, D. ANDREW  
Address: 5111 SOUTH RIDGEWOOD AVE., #300  
City-St-Zip: PORT ORANGE, FL 32127

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CLARK, D. ANDREW  
Address: 5111 SOUTH RIDGEWOOD AVE., #201  
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: D ANDREW CLARK

PRES

02/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date