

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M06000003576**

1. Entity Name  
HIGH RIDGE MANAGEMENT, L.L.C.



Principal Place of Business  
2340 PERIWINKLE WAY, UNIT M-1  
SANIBEL, FL 33957

Mailing Address  
2340 PERIWINKLE WAY, UNIT M-1  
SANIBEL, FL 33957



07052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2865570

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GIORDANI, ROSEANNE  
2340 PERIWINKLE WAY, UNIT M-1  
SANIBEL, FL 33957

**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 September 14, 2007**

U000000768514  
07/12/07-80014-020 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME GIORDANI, ROSEANNE  
STREET ADDRESS 2340 PERIWINKLE WAY, UNIT M-1  
CITY - ST - ZIP SANIBEL, FL 33957

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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:** \_\_\_\_\_

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

Date

Daytime Phone #

(239) 472-4455

7/6/07