


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90066 010 ****50.00

DOCUMENT # M99000000906 1. Entity Name SIGNAL RIDGE, LLC																											
Principal Place of Business 3001 BEE RIDGE RD. SARASOTA, FL 34239		Mailing Address 4815 E. BUSCH BLVD. SUITE 208 TAMPA, FL 33617																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 14502 N. Dale Mabry Suite 200 City & State Tampa, FL Zip 33618 Country USA																									
City & State Zip		4. FEI Number 84-1352616																									
Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent GORDON, DAVID OWNERS PROPERTY MANAGEMENT 4815 E. BUSCH BLVD., STE. 208 TAMPA, FL 33617		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14502 N. Dale Mabry, Ste 200 City Tampa FL Zip Code 33618																									
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 <u><i>David Gordon</i></u> DAVID GORDON, Agent DATE 4/27/07 <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 May 1, 2007		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">MGR</td> <td style="width:15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KENT, GREGORY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>280 ADAMS STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DENVER, CO 80206</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	KENT, GREGORY		STREET ADDRESS	280 ADAMS STREET		CITY-ST-ZIP	DENVER, CO 80206		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>David Gordon</i></u> DAVID GORDON		Date 4/27/07 Daytime Phone # 813-287-1078																									