2004 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID MICHAEL THOMAS, Director

Apr 14, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-14-2004 90033 030 ***150 00 DOCUMENT # P01000107006 RIDGEWOOD PROPERTY MANAGEMENT INCORPORATED 24041471 Principal Place of Business Mailing Address 550 HARBOR POINT, LONGBOAT KEY 550 HARBOR POINT, LONGBOAT KEY SARASOTA, FL 34228 SARASOTA, FL 34228 2. Principal Place of Business 3. Mailing Address 550 HARBOR POINT ROAD 46 N. WASHINGTON BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 03112004 CR2E034 (10/03) Cha-P SUITE 1 City & State 4. EEI Number Applied For City & State 02-0539781 SARASOTA Not Applicable LONGBOAT KEY, FL **342**36 Country \$8.75 Additional 34228 5. Certificate of Status Desired 34236 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LPS CORPORATE SERVICES, SHEA, JOHN J Street Address (P.O. Box Number is Not Acceptable) 2940 SOUTH TAMIAMI TRAIL 46 N. WASHINGTON BLVD SARASOTA, FL 34239 SARASOTA SARASOTA 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) JOHN PATTERSON, as President FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE TITLE Change ☐ Addition THOMAS, DAVID MICHAEL NAME NAME STREET ADDRESS RIDGEWOOD" 5 BLUNDELL LANE PENWORTHAM STREET ADDRESS PRESTON LANCS PRICEA ENGLAND, CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete Channe ☐ Addition NAME THOMAS, DENISE NAME RIDGEWOOD" 5 BLUNDELL LANE PENWORTHAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PRESTON LANCS PRIOEA ENGLAND, CITY-St-71P ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition TIT1E ☐ Delete Change NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

04/09/04 Date

Daytime Phone #

FILED