## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # B92000000077 -

Entity Name
 RIDGEWOOD OFFICE BUILDING, L.P., LTD.

Principal Place of Business 275 CLYDE MORRIS BLVD, ORMOND BEACH, FL 32174 Mailing Address

275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174

## FILED Apr 10, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

01032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number Applied For S9-3152586 Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOGES, WILLIAM J 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174 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

DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

GENERAL PARTNER INFORMATION 12. DOCUMENT # P00000093902 NAME ROOT REAL ESTATE CORP. STREET ADDRESS 275 CLYDE MORRIS BLVD CITY-ST-ZIP ORMOND BEACH, FL 32174 M94000000022 DOCUMENT # NAME R.D.T., L.L.C., L.C. STREET ADDRESS 275 CLYDE MORRIS BLVD CITY-ST-7IP ORMOND BEACH, FL 32174 DOCUMENT # NAME STREET ADDRESS CITY-\$T-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP

U00000696829 04/18/07-80015-003 500.00

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

DOCUMENT #
NAME
STREET ADDRESS
CITY: ST-ZIP

William J. Voges, Pres.

4/1/2007

3866714908

GNATURE AND TYPE OR PRINTED PANE OF SIGNING GENERAL PARTNER

Date

Daytime Phone #