

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000001538

1. Entity Name
RIDGE MANOR, LP



Principal Place of Business
**6900 SOUTHPOINT DRIVE NORTH, STE. 250
 JACKSONVILLE, FL 32216**

Mailing Address
**6900 SOUTHPOINT DRIVE NORTH, STE. 250
 JACKSONVILLE, FL 32216**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302007

Chg-LP

CR2E003 (12/06)

4. FEI Number

36-4334917

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCNAMARA, THOMAS P
 2907 BAY TO BAY BLVD., SUITE 201
 TAMPA, FL 33629**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L06000121211**
 NAME **RIDGE MANOR GP, LLC**
 STREET ADDRESS **6900 SOUTHPOINT DRIVE NORTH, STE. 250**
 CITY-ST-ZIP **JACKSONVILLE, FL 32216**

STREET ADDRESS

CITY-ST-ZIP

400104218954
~~06/11/07 01032 023 **500.00~~

DOCUMENT #
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 CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ROBERT FRANSEN 04/30/07 (703) 506-1006

Date

Daytime Phone #

STAPLE CHECK HERE

FILED

07 JUN -1 AM 9:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

