

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # A06000001538

1. Entity Name
RIDGE MANOR, LP



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

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

DO NOT WRITE IN THIS SPACE



04162008 No 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

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

**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, 2008, 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

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

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U000000943566
05/29/08-80065-009 500.00

**DO NOT WRITE
IN THIS SPACE**

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 P. FRANK

Date

Daytime Phone #

5/28/08 703-506-1006

STAPLE CHECK HERE