


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000861</b> 1. Entity Name RIDGEVIEW PLAZA, LTD.	
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Principal Place of Business 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801	Mailing Address 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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01182008 Chg-LP CR2E003 (12/06)

4. FEI Number 01-0720811	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCFARLANE, PETER A P.A. 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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.

000000930767  
05/21/08 80121 022 500.75  
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G23570	STREET ADDRESS	
NAME	CRF MANAGEMENT CO., INC.	CITY - ST - ZIP	
STREET ADDRESS	500 SOUTH FLORIDA AVENUE, SUITE 700		
CITY - ST - ZIP	LAKELAND, FL 33801		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

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

Kim S Kelley

4/21/08

863.647.1581