


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000001326		
1. Entity Name RIDGE CROSSINGS CAPITAL, LTD.		

Principal Place of Business 4300 W. CYPRESS STREET, SUITE 1075 TAMPA, FL 33607	Mailing Address 4300 W. CYPRESS STREET, SUITE 1075 TAMPA, FL 33607
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04162004 Chg-LP CR2E003 (10/03)

4. FEI Number 16-1634174	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

AMEURCO MANAGEMENT, INC.
 4300 W. CYPRESS STREET, SUITE 1075
 TAMPA, FL 33607

7. Name and Address of New Registered Agent

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$6,800,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$ 535.00
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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 #	P02000062317	STREET ADDRESS	
NAME	EURO RIDGE CROSSINGS, INC.	CITY - ST - ZIP	
STREET ADDRESS	4300 W. CYPRESS STREET, SUITE 1075	STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 33607	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

U00000146823
 05/03/04-80081-008 535.00

14. 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 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: <u>Meredith E. Sp...</u>	Date: <u>4/20/04</u>	Daytime Phone #: <u>813-353-8800</u>
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STAPLE CHECK HERE