


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03302005 Chg-LP CR2E003 (10/03)

4. FEI Number 16-1634174	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input 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.
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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		
CITY - ST - ZIP	TAMPA, FL 33607		
DOCUMENT #		STREET ADDRESS	000000363752
NAME		CITY - ST - ZIP	05/06/2005-80011-022 526.25
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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 exemption stated in Section 119.07(3)(f), 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: Michael E. Spiker 4/22/05 813-353-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #