


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
Apr 18, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # A02000001516**

1. Entity Name  
**VIRGINIA L. GADSDEN FAMILY LIMITED PARTNERSHIP**



Principal Place of Business <b>41 PINE AIRE CIRCLE PINE RIDGE MANAGEMENT CORP. LAKE PLACID, FL 33852</b>	Mailing Address <b>P.O. BOX 307 PINE RIDGE MANAGEMENT CORP. LAKE PLACID, FL 33862-0307</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01102005 Chg-LP CR2E003 (10/03)

4. FEI Number <b>57-1140657</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GADSDEN, VIRGINIA L  
41 PINE AIRE CIRCLE  
LAKE PLACID, FL 33852**

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. <b>\$651,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$651,000.00</b>
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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 #	<b>P02000070543</b>	STREET ADDRESS	
NAME	<b>PINE RIDGE MANAGEMENT CORPORATION</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>41 PINE AIRE CIRCLE</b>		
CITY-ST-ZIP	<b>LAKE PLACID, FL 33852</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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04/19/05-80015-015 526.25

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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:** Virginia L. Gadsden 4-10-05 863-699-1582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #