


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

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000001516</b>	
1. Entity Name VIRGINIA L. GADSDEN FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 41 PINE AIRE CIRCLE PINE RIDGE MANAGEMENT CORP. LAKE PLACID, FL 33852	Mailing Address P.O. BOX 307 PINE RIDGE MANAGEMENT CORP. LAKE PLACID, FL 33862-0307
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04192008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

000000908059  
 05/06/08-80012-024 500.00

**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 #	P02000070543
NAME	PINE RIDGE MANAGEMENT CORPORATION
STREET ADDRESS	41 PINE AIRE CIRCLE
CITY-ST-ZIP	LAKE PLACID, FL 33852
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** Virginia L. Gadsden 4-19-08 863-699-1582  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #