


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 8, 2004**

<b>DOCUMENT # A03000001624</b>			
1. Entity Name <b>SHORTRIDGE INVESTMENTS, LTD.</b>			
Principal Place of Business <b>198 CENTER AVENUE SANTA ROSA BEACH FL 32459</b>		Mailing Address <b>198 CENTER AVENUE SANTA ROSA BEACH FL 32459</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

04 AUG -2 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (4/04)

4. FEI Number <b>20-0676580</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>SHORTRIDGE, DAVID R 198 CENTER AVENUE SANTA ROSA BEACH FL 32459</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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.		<b>11. FILE NOW!!! Due by September 8, 2004!</b> See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. <input checked="" type="checkbox"/>
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
9. Capital Contributions as Shown on record. <b>\$5,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>6,721.46</b>	

**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>L03000031778</b>	STREET ADDRESS	
NAME	<b>SHORTRIDGE MANAGEMENT, L.L.C.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>198 CENTER AVENUE</b>		
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>		
DOCUMENT #		STREET ADDRESS	<b>900039948209</b>
NAME		CITY-ST-ZIP	<b>08/06/04--01035--005 **141.25</b>
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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)(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:** David R. Shortridge 7-28-04 (850) 231-1805  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #