

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Jun 10, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000001624 1. Entity Name SHORTRIDGE INVESTMENTS, LTD.					
Principal Place of Business 198 CENTER AVENUE SANTA ROSA BEACH FL 32459			Mailing Address 198 CENTER AVENUE SANTA ROSA BEACH FL 32459		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0676580 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1ST MOORE CR2E003 (10/04)	
6. Name and Address of Current Registered Agent SHORTRIDGE, DAVID R 198 CENTER AVENUE SANTA ROSA BEACH FL 32459			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record. \$5,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 6,751.00		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
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 #	L03000031778		STREET ADDRESS	1000000369415	
NAME	SHORTRIDGE MANAGEMENT, L.L.C.		CITY-ST-ZIP	05/10/05-00006-008 141.25	
STREET ADDRESS	198 CENTER AVENUE				
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459				
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STREET ADDRESS					
CITY-ST-ZIP					
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4-22-05 (850)231-1805 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE