


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Apr 17, 2006 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		4. FEI Number 20-0676580	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____	
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.					
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 # NAME STREET ADDRESS CITY - ST - ZIP	L03000031778 SHORTRIDGE MANAGEMENT, L.L.C. 198 CENTER AVENUE SANTA ROSA BEACH FL 32459			STREET ADDRESS CITY - ST - ZIP	
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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: David R. Shortridge <i>David R. Shortridge</i> 4/24/06 (850)231-1805 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



1st MOORE CR2E003 (10/05)

STAPLE CHECK HERE