

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A03697**

1. Entity Name
RIDGE SHOPPING CENTER, LTD.



Principal Place of Business
**C/O W.J. WEGMAN, JR.
8001 N. DALE MABRY #101-A
TAMPA FL 33614**

Mailing Address
**C/O W.J. WEGMAN, JR.
8001 N. DALE MABRY #101-A
TAMPA FL 33614**

FILED

2003 FEB 28 AM 2:50

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1562601	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVID P. RANKIN 14502 N. DALE MABRY HWY., #332 TAMPA FL 33618		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 _____ Signature, typed or printed name of registered agent and title if applicable.		DATE _____	
9. Capital Contributions as Shown on record. \$7,868.36	10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	675439	STREET ADDRESS	
NAME	WEGMAN ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	8001 N. DALE MABRY HWY STE 101-A		
CITY-ST-ZIP	TAMPA FL 33614		
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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

Wegman Associates, Inc. by Terry Chastain, President

SIGNATURE:

SIGNATURE (ALLOIDED)

2/5/03

(813) 933-2418

CR2E003 (10/02)