2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

	Due By M								
DOCUMENT # A0700001124 1. Entity Name					FILED				
IMPÉRIAL RIDGE INVESTMENTS, LP			N. S.					M 12: 44	
Principal Place of Business 814 HAVENDALE BLVD., N.W. WINTER HAVEN, FL 33881		Mailing Address 814 HAVENDALE BLVD., N.W. WINTER HAVEN, FL 33881				SECRE TALLAH	TARY O HASSEE	F STATE .FLORIDA	
		1 2 2 2 2 2 2							
400 Ave			Box 3096				 		
Bidg #3	Suite Bldg #3 Suite		fuite, Apt. #, etc.		02152008	Chg-LP	CR2E00	03 (12/06)	
	City & State Vinter Haven, Florida City & State Winter Haven		ı, Florida		4. FEI Number 26-11	66860		Applied For Not Applicable	
33880	Country Po1k	Zip 33885	Country Polk	· <u>·</u>	5. Certificate of	Status Desired		8.75 Additional	
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name					
BRINSON, J. KEMP ESQ. 255 MAGNOLIA AVE., S.W. WINTER HAVEN, FL 33880				Street Address (P.O. Box Number is Not Acceptable)					
				Officer Address (F.O. Box Humber is Not Acceptable)					
					City FL Zip Code				
				red office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
	ons of registered agent.								
SIGNATURE -	Signature, typed or printed name of registered agent	and title it applicable.					DATE		
		Will FEE IS \$500.00 2008, Fee will be \$900.	.00						
	A GENERAL PARTNER NOTE: General Partners MA	THAT IS A BUSINESS ENT							
12. GENERAL PARTNER INFORMATION 1				ADDRESS CHANGES ONLY					
DOCUMENT # NAME	IMPERIAL RIDGE MANAGEMENT, LLC			ADDRESS 40	400 Avenue K SE, Bldg #3				
STREET ADDRESS CITY-ST-ZIP	14 HAVENDALE BLVD., N.W. VINTER HAVEN, FL 33881		ÇITY-ST	r-zip Wi	inter Haven, FL 33880				
DOCUMENT #			STREET A	ADDRESS					
STREET ADDRESS - CITY-ST-ZIP			CITY-ST	I-ZiP	500122042645 04/03/0801034018 **500.00				
DOCUMENT # NAME			STREET A	ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST	T-ZIP	·				
DOCUMENT # NAME			STREET #	ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST	T-ZIP					
NAME			STREET	ADDRESS					
J CIIT-51-24F			CITY-ST	I-ZIP					
DOCUMENT #			STREET	ADDRESS					
STREET ADDRESS CITY-ST-ZIP	·		CITY-ST						
14. I hereby of indicated or the rec	certify that the information supplied w on this report is true and accurate an eiver or trustee empowered to execute	ith this liting does not qualify fo d that my signature shall have the e this report as required by Cha	or the exen the same le apter 620, I	mptions containe egal effect as if r Florida Statutes	ed in Chapter 119, nade under oath;	, Florida Statutes, that I am a Gener	I further cert ral Partner of	aty that the information the limited partnership	