


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

DOCUMENT # A11497				
1. Entity Name RIDGEWOOD ASSOCIATES, LTD.				
Principal Place of Business 2100 APALACHEE PARKWAY TALLAHASSEE FL 32301		Mailing Address 2100 APALACHEE PARKWAY TALLAHASSEE FL 32301		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 8:45



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent HOGUE, ANITA 2100 APALACHEE PKWY. #8B TALLAHASSEE, FL 32301				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. \$1,050,000.00		10. Amount of Capital Contributions in FLORIDA to date.			

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 #	G99176900007	STREET ADDRESS	
NAME	AMREAL FLORIDA ASSOCIATE	CITY-ST-ZIP	
STREET ADDRESS	4184 PALISADES RD.		
CITY-ST-ZIP	SAN DIEGO CA 92116		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/11/05

Date

69-990.8510

Daytime Phone #

STAPLE CHECK HERE