

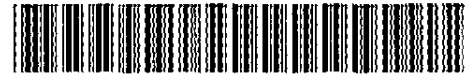
**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

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



1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent HOGUE, ANITA 2100 APALACHEE PKWY. #8B TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

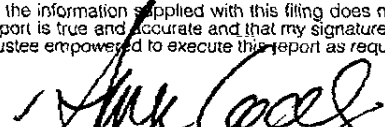
FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	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	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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03/24/06-80017-007 500.00

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: 

3/16/06 619.990.8515

STAPLE CHECK HERE