

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0006682  
AT

DOCUMENT # A11497

1. Entity Name  
RIDGEWOOD ASSOCIATES, LTD.



03 APR -4 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

DUE BY MAY 1, 2003

4. FEI Number 95-3705044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOGUE, ANITA  
2100 APALACHEE PKWY.  
#8B  
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

200015322562  
04/04/03--01065--007 \*\$526.25

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. \$1,050,000.00

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 # G99176900007  
NAME AMREAL FLORIDA ASSOCIATE  
STREET ADDRESS 610 W ASH ST #1400  
CITY-ST-ZIP SAN DIEGO CA 92101

STREET ADDRESS

CITY-ST-ZIP

~~4184~~ 4184 Palisades RD.  
San Diego, CA 92116

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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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

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/10/03 (619) 990.8510  
Date Daytime Phone #

CR2E003 (10/02)