

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Aug 01, 2007 08:00 AM
Secretary of State

DOCUMENT # A17297

1. Entity Name
CITRUS RIDGE APARTMENTS, LTD.



Principal Place of Business

C/O SOUTHWIND MANAGEMENT SERVICES, INC.
1006 GROVE STREET
CLEARWATER, FL 33755-8293

Mailing Address

C/O SOUTHWIND MANAGEMENT SERVICES, INC.
P.O. BOX 10293
CLEARWATER, FL 33757



07242007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2425991

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORTON, PAMELA
C/O SOUTHWIND MANAGEMENT SERVICES, INC.
1006 GROVE STREET
CLEARWATER, FL 33755-8293

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

DOCUMENT # L01000009718
NAME SOUTHWIND PROPERTY INVESTMENTS, L.L.C.
STREET ADDRESS 1006 GROVE STREET
CITY-ST-ZIP CLEARWATER, FL 337558293

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000771053
08/01/07-80002-024 508.75

**DO NOT WRITE
IN THIS SPACE**

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:

Pamela H. Barton, Pamela K. Barton
Managing Mbr of Gen. Ptnr.

7/24/2007 727-443-3251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE