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

STAPLE

SIGNATURE:

Mar 10, 2006 08:00 AM Secretary of State DOCUMENT # A19303 RIDGECREST LTD. Principal Place of Business Mailing Address 3111 PACES MILL ROAD, SUITE A-250 ATLANTA GA 30339 37 RIDGEVIEW DRIVE **DEBARY FL 32713** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CRZE003 (10/05) 1st MOORE City & State City & State 4. FE! Number Applied For 59-2466776 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ADAMS, SUSAN Street Address (P.O. Box Number is Not Acceptable) HALLMARK GROUP SERVICES OF FLORIDA, LLC GAINESVILLE FL 32607 Zip Code City 6. 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. TATE 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12 DOCUMENT # M03000001595 STREET ADDRESS NAME HALLMARK GROUP SERVICES OF FLORIDA, LLC STREET ADDRESS 3111 PACES MILL ROAD, SUITE A-250 City-St-ZiP CITY-SI-ZIP ATLANTA GA 30339 DOCUMENT # STREET ADDRESS 03/21/06-80043-008 508.75 NAME STREET ADDRESS Cary-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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

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