


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

JAN 23 AM 9:20

DOCUMENT # A24625	
1. Entity Name PINE RIDGE LTD.	

Principal Place of Business 20721 S.W. 46TH AVE. NEWBERRY, FL 32669	Mailing Address 3111 PACES MILL RD SUITE A250 ATLANTA, GA 30339
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2. Principal Place of Business - No P.O. Box # 125 Venus Dr	3. Mailing Address Suite, Apt. #, etc.
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City & State Port St. Joe, FL	City & State
Zip 32456	Country USA



01032007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2832884	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ADAMS, SUSAN HALLMARK GROUP SERVICES OF FLORIDA LLC 4040 NEWBERRY ROAD., SUITE 1000 GAINESVILLE, FL 32607	

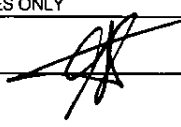
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 #	DAVIS, NORITA V	STREET ADDRESS	
NAME	20721 SW 46TH AVE	CITY - ST - ZIP	
STREET ADDRESS	NEWBERRY, FL 32669		
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NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			

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: Susan Adams Registered Agent **1-18-07** **352-224-2051**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE