

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
**Jan 12 1998 8:00 am**  
**Secretary of State**

<b>1. Name of Limited Partnership</b>  NORTH RIDGE LIMITED PARTNERSHIP	<b>1a. DOCUMENT #</b> <b>A26478</b>  <i>98-AR/Lus CM</i>
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<b>Mailing Address</b> % TERRA MANAGEMENT COMPANY, INC. <del>400 NORTH CONGRESS AVE</del> <del>WEST PALM BEACH FL 33401</del>	<b>Principal Office Address</b> % TERRA MANAGEMENT COMPANY, INC. <del>400 NORTH CONGRESS AVE</del> <del>WEST PALM BEACH FL 33401</del>
<b>2. Mailing Address</b> 2090 Palm Beach Lakes Blvd. Suite, Apt. #, etc. Suite 801 City & State West Palm Beach, Florida Zip Country 33409	<b>2a. Principal Office Address</b> 2090 Palm Beach Lakes Blvd. Suite, Apt. #, etc. Suite 801 City & State West Palm Beach, Florida Zip Country 33409

<b>3. Date Formed or Registered</b> 05/25/1988	<b>5a. Capital Contributions as Shown on record</b>  \$19,000.00
<b>3a. Date of Last Report</b> 12/13/1996	
<b>4. State or Country of Formation</b> FL	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>  \$19,000
<b>6. FEI Number</b> 65-0048100	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>  TERRA CAPITAL COMPANY, INC. 400 NORTH CONGRESS AVE WEST PALM BEACH FL 33401	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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**10a.** Pursuant to the provisions of sections 620.105(1) and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
TERRA CAPITAL COMPANY, INC.	<del>400 N. CONGRESS AVE</del> (1)	WEST PALM BEACH FL 33 (2)	J74439
SUPRA MANAGEMENT CO.	707 SE 3RD AVE., S-40  (1) 2090 Palm Beach Lakes Boulevard Suite 801	FT. LAUDERDALE FL 333  (2) West Palm Beach, FL. 33409	M67224

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *[Signature]* DATE *12-22-97*  
 Typed or Printed Name of General Partner Signing Form **Jonathan Cameron-Hayes, V.P. GP** Daytime Telephone Number **561-686-6968**

CR2E003 (6/97)