

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -7 AM 9:15

DOCUMENT # A29018					
1. Entity Name RIDGECREST VILLAGE, LTD.					
Principal Place of Business 6108 - 26TH STREET W. SUITE 2 BRADENTON, FL 34207			Mailing Address 6108 - 26TH STREET W. SUITE 2 BRADENTON, FL 34207		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0209829	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RIDGECREST DEVELOPMENT & MANAGEMENT, INC. 6108 - 26TH STREET WEST SUITE 2 BRADENTON, FL 34207				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$525,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	L16929	STREET ADDRESS			
NAME	RIDGECREST DEVELOPMENT & MANAGEMENT, INC.	CITY-ST-ZIP			
STREET ADDRESS	6108 - 26TH ST.W., S-2				
CITY-ST-ZIP	BRADENTON, FL				
DOCUMENT #		STREET ADDRESS	100048186201		
NAME		CITY-ST-ZIP	03/11/05-01005-005 **526.25		
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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: <u>SAM PASTER, Partner</u> Date: <u>2-18-05</u> Daytime Phone #: <u>941-755-3731</u>					

STAPLE CHECK HERE