

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 11 AM 8:30

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12/15



1. Name of Limited Partnership P. RIDGE, LTD.		1a. DOCUMENT # A93000000261	
Mailing Address 4423 BAYSHORE RD. SARASOTA FL 34234	Principal Office Address 4423 BAYSHORE RD. SARASOTA FL 34234	3. Date Formed or Registered 03/04/1993	5a. Capital Contributions as Shown on record. \$250,000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 10/24/1997	5b. Amount of Capital Contributions in FLORIDA to date:
2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation FL	6. FEI Number 65-0408828 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent GRAVES, JOHN P JR ESQ 702 SARASOTA QUAY 2014 Fourth Street SARASOTA FL 34236 34236-4331	10. If changed, new Registered Agent/Office 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 620.1051 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) PALMER, ROY PALMER, SUSAN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4423 BAYSHORE RD. 4423 BAYSHORE RD.	11b. City, State & Zip Code SARASOTA FL 34234 SARASOTA FL 34234	11c. Registration/ Document Number
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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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number