


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

|  |   |         |   |   |  |
|--|---|---------|---|---|--|
| <b>DOCUMENT # A93000000261</b><br>1. Entity Name<br><b>P. RIDGE, LTD.</b>  |   |         |   |  |  |
| Principal Place of Business<br><b>4423 BAYSHORE RD.<br/>SARASOTA, FL 34234</b>   |   |         | Mailing Address<br><b>4423 BAYSHORE RD.<br/>SARASOTA, FL 34234</b>  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |         | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |
| City & State   |   |         | City & State  |   |  |
| Zip  |   | Country |   | Zip   |  |
| Country  |   | Country |   | 03112005 Chg-LP CR2E003 (10/03)   |  |
| 4. FEI Number<br><b>65-0408828</b>   |   |         |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |         |   | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>PALMER, ROY<br/>4423 BAYSHORE RD.<br/>SARASOTA, FL 34234</b>  |   |         | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and date if applicable.</small>  |   |         |   |   |  |
| 9. Capital Contributions as Shown on record. <b>\$250,000.00</b>   |   |         | 10. Amount of Capital Contributions in FLORIDA to date.   |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |   |         |   |   |  |
| <b>12. GENERAL PARTNER INFORMATION</b>   |   |         | <b>13. ADDRESS CHANGES ONLY</b>   |   |  |
| DOCUMENT #   | NAME                                    |         | STREET ADDRESS  |   |  |
| STREET ADDRESS   | PALMER, ROY                             |         | CITY-ST-ZIP   |   |  |
| CITY-ST-ZIP  | 4423 BAYSHORE RD.<br>SARASOTA, FL 34234 |         |   |   |  |
| DOCUMENT #   | NAME                                    |         | STREET ADDRESS  |   |  |
| STREET ADDRESS   | PALMER, SUSAN                           |         | CITY-ST-ZIP   |   |  |
| CITY-ST-ZIP  | 4423 BAYSHORE RD.<br>SARASOTA, FL 34234 |         |   | 4000000336029<br>04/27/05-80108-019 526.25  |  |
| DOCUMENT #   | NAME                                    |         | STREET ADDRESS  |   |  |
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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)(f), 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. |   |         |   |   |  |
| <b>SIGNATURE:</b> <i>Roy C. Palmer</i>   |   |         | Roy C. Palmer 4/14/2005 941-355-1983  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |   |         |   |   |  |

STAPLE CHECK HERE