FILED

2007 APR 25 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A93000000261

1. Entity Name
P. RIDGE, LTD.

Principal Place of Business	Mailing Address
4423 BAYSHORE RD. SARASOTA, FL 34234	4423 BAYSHORE RD. SARASOTA, FL 34234

02152007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2052 Ben Franklin Dr.	2052 Ben Franklin Dr.
Suite, Apt. #, etc.: Villa D202	Suite, Apt. #, etc.: Villa D202
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34236 Country:	Zip: 34236 Country:

4. FEI Number: 65-0408828 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PALMER, ROY ~~4423 BAYSHORE RD.~~ ~~SARASOTA, FL 34234~~ 2052 Ben Franklin Dr. Villa D202 Sarasota, FL 34236	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
Signature, typed or printed name of registered agent and title if applicable.

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 #		STREET ADDRESS	2052 Ben Franklin Dr. VillaD202
NAME	PALMER, ROY	CITY-ST-ZIP	Sarasota, FL 34236
STREET ADDRESS	4423 BAYSHORE RD.		
CITY-ST-ZIP	SARASOTA, FL 34234		
DOCUMENT #		STREET ADDRESS	2052 Ben Franklin Dr. VillaD202
NAME	PALMER, SUSAN	CITY-ST-ZIP	Sarasota, FL 34236
STREET ADDRESS	4423 BAYSHORE RD.		
CITY-ST-ZIP	SARASOTA, FL 34234		
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

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: _____ Roy C. Palmer 4/13/2007 941-388-2029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #