

FILED

May 02, 2006 08:00 AM
Secretary of State**2006 LIMITED PARTNERSHIP ANNUAL REPORT**
Due By May 1, 2006

DOCUMENT # A93000001162 1. Entity Name WESTSIDE RIDGE, LTD.					
Principal Place of Business 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801			Mailing Address P.O. BOX 5252 LAKELAND, FL 33807		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3214604	
5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required ☐ Not Applicable			
6. Name and Address of Current Registered Agent McFARLANE, PETER A. ESQ. 500 SOUTH FLORIDA AVE., SUITE 715 LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable.					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 #	F77249		STREET ADDRESS		
NAME	A.T.A. PROPERTIES, INC.		CITY-ST-ZIP		
STREET ADDRESS	500 SOUTH FLORIDA AVE., SUITE 700		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
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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: Kim S. Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Kim S. Kelley

4/27/06 863-649-1581
Date Daytime Phone #