

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**DOCUMENT # A93000001162**

1. Entity Name  
**WESTSIDE RIDGE, LTD.**



**FILED**

2008 APR 29 P 12:24



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 - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01212008 Chg-LP CR2E003 (12/06)

4. FEI Number  
**59-3214604**

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**

**McFARLANE, PETER A. ESQ.**  
**500 SOUTH FLORIDA AVE., SUITE 715**  
**LAKELAND, FL 33801**

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, 2008, 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**

DOCUMENT # **F77249**  
 NAME **A.T.A. PROPERTIES, INC.**  
 STREET ADDRESS **500 SOUTH FLORIDA AVE., SUITE 700**  
 CITY-ST-ZIP **LAKELAND, FL 33801**

DOCUMENT #  
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 CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS **500126707875**  
 CITY-ST-ZIP **04/29/08--01012--010 \*\*561.25**

STREET ADDRESS  
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STREET ADDRESS  
 CITY-ST-ZIP

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

4/21/08

863.647.1581

STAPLE CHECK HERE