



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due by May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 15 AM 8:54

DOCUMENT # A95000001805 1. Entity Name ROCK SPRINGS RIDGE, LTD.					
Principal Place of Business % JEFFRY B. FUQUA 401 FERGUSON DRIVE ORLANDO, FL 32805			Mailing Address % JEFFRY B. FUQUA 401 FERGUSON DRIVE ORLANDO, FL 32805		
2. Principal Place of Business		3. Mailing Address		 03222005 Chg-LP CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 59-3350324				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FUQUA, JEFFRY B 401 FERGUSON DRIVE ORLANDO, FL 32805			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date. 06/28/05--01014--013 **141.25		
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 #	P95000089436		STREET ADDRESS		
NAME	ROCK SPRINGS RIDGE, INC.		CITY-ST-ZIP		
STREET ADDRESS	% 401 FERGUSON DRIVE				
CITY-ST-ZIP	ORLANDO, FL 32805				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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 exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date 407 293 6562 Daytime Phone #		

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