FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A95000001839

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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			-	12/18
RIDGE MANOR DEVELOPMENT	, LTD.			
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
C/O AMNED PROPERTIES, INC. 13902 N. DALE MABRY HWY. SUITE 165 TAMPA FL 33618	C/O AMNED PROPERTIES. INC. 13902 N. DALE MABRY HWY. SUITE 165 TAMPA FL 33618		11/30/1995 3a. Date of Last Report 12/16/1997	\$100.00 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State		59-3348092	Not Applicable
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required
Comman	8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office				
		Name		
MYERS, W. PARKINSON		Street Address (P.O. Box Number Is Not Acceptable)		
C/O AMNED PROPERTIES, INC.		Suite, Apt. #, etc.		
13902 N. DALE MABRY HWY, SUITE 165 TAMPA FL 33618				
		City		FL Zip Gode
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE				
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner 445		11c. Registration/
CORO INVESTMENTS OF HERNANDO	13902 N. DALE MABRY H		AMPA FL 33618	P95000085924
				27201713. 3/9801011015 528.25 ****526.25.
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				
12. I do hereby certify that the information supplied with this fill Corporations from any liability of non-compliance with Sect this annual report is true and accurate and that my signatur empowered to execute this report as required by chapter 6:	ion 119.07(3)(k) in the event that the info re shall have the same legal effects as if i	rmation supplied is dee	med exempt from public access. I furth	er certify that the information indicated on
SIGNATURE DATE CALLER				
Typed or Printed Name of General Partner Signing Form	Carkinson Myera		Daytime Telephone Number	813) 960-1006