

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # A95000001839**

1. Entity Name  
RIDGE MANOR DEVELOPMENT, LTD.



Principal Place of Business  
8000 TOWERS CRESCENT DR #825  
VIENNA, VA 22182

Mailing Address  
8000 TOWERS CRESCENT DR #825  
VIENNA, VA 22182



04272006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3348092

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MYERS, W. PARKINSON  
C/O AMNED PROPERTIES, LLC  
15436 N. FLORIDA AVENUE, SUITE 101  
TAMPA, FL 33613

**DO NOT WRITE  
IN THIS SPACE**

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

*Signature, typed or printed name of registered agent and title if applicable*

DATE

**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

DOCUMENT # L99000008796  
NAME RIDGE MANOR, LLC  
STREET ADDRESS 15436 N. FLORIDA AVE., SUITE 101  
CITY-ST-ZIP TAMPA, FL 33613

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000000553696  
05/15/06-80061-011 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MANAGER

04/28/06

Date

(703)

506-1006

Daytime Phone #

STAPLE CHECK HERE