

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0015650 AT

02 APR 15 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A98000001001

1. Entity Name

RIDGE LINE, LTD.

Principal Place of Business

2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

Mailing Address

2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

2. Principal Place of Business

2201 CANTU COURT

3. Mailing Address

2201 CANTU COURT

Suite, Apt. #, etc.

#118

Suite, Apt. #, etc.

#118

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

Country

34232

Zip

Country

34232

DUE BY MAY 1, 2002

4. FEI Number

65-0833441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, JANA
2201 CANTU CT., #118
SARASOTA FL 34232

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$835,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P98000036853
NAME ROCKY MOUNTAIN PROPERTY CO.
STREET ADDRESS 2033 MAIN STREET, SUITE 600
CITY-ST-ZIP SARASOTA FL 34237

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/8/02 (941) 378-2000

Date

Daytime Phone #

CR2E003 (9/01)