


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000001001			
1. Entity Name RIDGE LINE, LTD.			
Principal Place of Business 3211 BEE RIDGE RD. SARASOTA FL 34239		Mailing Address 4815 E. BUSCH BLVD., #208 TAMPA FL 33617	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. # etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0833441		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 GORDON, DAVID 4815 E. BUSCH BLVD, STE.208 TAMPA FL 33617		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record \$835,000.00		10. Amount of Capital Contributions in FLORIDA to date	
11. MAKE CHECK PAYABLE TO FL. 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P98000036853 ROCKY MOUNTAIN PROPERTY CO. 2033 MAIN STREET, SUITE 600 SARASOTA FL 34237	STREET ADDRESS CITY - ST - ZIP	
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/04

813-287-1078

Date

Daytime Phone #

STAPLE CHECK HERE