

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001001**

1. Entity Name
RIDGE LINE, LTD.



FILED

03 MAY -5 PM 7:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED



Principal Place of Business
**2201 CANTU CT., #118
SARASOTA FL 34232**

Mailing Address
**2201 CANTU CT., #118
SARASOTA FL 34232**

2. Principal Place of Business

3211 Bee Ridge Rd.

Suite, Apt. #, etc.

3. Mailing Address

4815 E. Busch Blvd

Suite, Apt. #, etc.

208

DUE BY MAY 1, 2003

City & State

Sarasota FL

City & State

Tampa, FL

4. FEI Number **65-0833441**

Applied For

Not Applicable

Zip

FL

Country

USA

Zip

33617

Country

USA

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

DAVID GORDON

Street Address (P.O. Box Number is Not Acceptable)

OWNERS Property Management

4815 E. Busch Blvd., Ste 208

City

Tampa

FL

Zip Code

33617

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]
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 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

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

**900018004749
05/05/03--01051--008 **526.25**

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/03

Date

813-287-1018

Daytime Phone #

CR2E003 (10/02)

0015789 AT

STAPLE CHECK HERE