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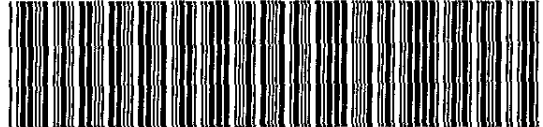
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ridge Line Ltd.
(Name of corporation)

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Gordon
(Name of person)

Owners Property Management
(Name of firm/company)

4815 E. Bush Blvd # 208
(Address)

Tampa, FL 33617
(City/state and zip code)

For further information concerning this matter, please call:

Stephanie Pages at (813) 287-1078
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Ridge Line LTD
Name of the limited partnership

2. 4/22/1998 3. A98000001001
Date of filing/registration in Florida Document number assigned

4. The name and address of the present registered agent and office:

The Hamilton Group Co., Inc.
Attn: Jana Hamilton
2201 Cantu Ct., Ste 118
Sarasota, FL 34232

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

Owners Property Management
Attn: David Gordon
4815 E. Busch Blvd., Ste #208
Tampa, FL 33617

Such change was authorized by the general partners.

Signature of General Partner Date 7-30-03

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Registered Agent signature Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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