

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG -7 AM 8:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SMJH

DOCUMENT # B01000000412
1. Entity Name
RIDGWAY'S, LTD.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
700 N. Central Ave,
Suite, Apt. #, etc.
550
City & State
Glendale, California
Zip
91203
Country
U.S.A.

3. Mailing Address
700 N. Central Ave.
Suite, Apt. #, etc.
550
City & State
Glendale, California
Zip
91203
Country
U.S.A.

4. FEI Number
74-6036592
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City
Plantation FL Zip Code
33324

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

9. Capital Contributions as Shown on record. \$ 269,280.00
31,740,225

10. Amount of Capital Contributions in FLORIDA to date. 269,280.00
1,256,000

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 # NAME STREET ADDRESS CITY-ST-ZIP	Ridgway's GP LLC 700 N. Central Avenue, #550 Glendale, CA 91203
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300006585689-1
-07/23/02-01006-021
***1750.00 ***
526.25

**DO NOT WRITE
IN THIS SPACE**

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] Date: 4-26-02 Phone: 818-500-0225

CR2E003B (12/01)