


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # B01000000412

1. Entity Name
RIDGWAY'S, LTD.



FILED
 04 JUL 26 11:11:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 700 N. CENTRAL AVE., #550
 GLENDALE, CA 91203

Mailing Address
 700 N. CENTRAL AVE., #550
 GLENDALE, CA 91203



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

05062004 Chg-LP CR2E003 (10/03)

4. FEI Number
74-6036592

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL-33324.

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

9. Capital Contributions as Shown on record. **\$269,280.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	M01000002673	STREET ADDRESS	
NAME	RIDGWAY'S GP, LLC	CITY-ST-ZIP	000039950160
STREET ADDRESS	700 N. CENTRAL AVE., #550		08/06/04--01047--005 **526.25
CITY-ST-ZIP	GLENDALE, CA 91203		
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CITY-ST-ZIP			

STAPLE CHECK HERE

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:  **MARK W. LEGG** 5-6-04 818-500-0225

Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #