

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 19 AM 8:21

DOCUMENT # B06000000281

1. Entity Name
 CROWNRIDGE, A CALIFORNIA LIMITED PARTNERSHIP



Principal Place of Business
 9195 GREENBACK LANE, SUITE 115
 ORANGEVALE, CA 95662

Mailing Address
 9195 GREENBACK LANE, SUITE 115
 ORANGEVALE, CA 95662

2. Principal Place of Business - No P.O. Box #
 9198 Greenback Lane

3. Mailing Address
 9198 Greenback Lane

Suite, Apt. #, etc.

Suite 115

Suite, Apt. #, etc.

Suite 115

City & State

Orangevale, CA

City & State

Orangevale, CA

Zip

95662

Country

Zip

95662

Country

04232008

Chg-LP

CR2E003 (12/06)

4. FEI Number

68-0226871

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

Webb, Richard S.

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

2033 Main Street Ste. 600

City

Sarasota

FL

Zip Code

34237

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 WILLIAMS, DALE A
 STREET ADDRESS 9195 GREENBACK LANE, SUITE 115
 CITY - ST - ZIP ORANGEVALE, CA 95662

13. ADDRESS CHANGES ONLY

STREET ADDRESS 9198 Greenback Lane, Suite 115
 CITY - ST - ZIP Orangevale, CA 95662

DOCUMENT #
 NAME
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 CITY - ST - ZIP

STREET ADDRESS
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 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Dale A. Williams

Dale A. Williams

4/24/08

916-989-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE