## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9200000077  1. Entity Name RIDGEWOOD OFFICE BUILDING, L.P., LTD.						SECRETARY OF STATE DIVISION OF CORPORATIONS		
						1		
						00 FEB 25 AM	11:53	
Principal Place of Business 525 FENTRESS BOULEVARD DAYTONA BEACH FL 32114 P.O. BOX 2860 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32120			20-2860					
2. Principal Place of Business 275 Clyde Morris Blvd. 275 Clyde Morris Blvd. 275 Clyde Morr				is Blvd.				
Suite, Apt. #, etc.  Suite, Apt. #, etc.			,			DO NOT WRITE IN THIS SPACE		
City & State City & State			ach Fl		4. FEI Number	59-3152586	Applied For Not Applicable	
32174	d Reach, Fl Country USA	Ormond Beach. 32174	CUS	<u></u>	5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
02271	6. Name and Address of Current R		<del></del>		7. Name and A	ddress of New Registered		
VOGES, WILLIAM J 525 FENTRESS BLVD. DAYTONA BEACH FL 32114				Name William J. Voges Street Address (P.O. Box Number is Not Acceptable) 275 Clyde Morris Blvd.				
				Ormond Beach FL   Zip Code 32174				
Signature Signature, typed or printed name of registered elect and title if applicable.  William J. Voges. Registered Agent 1/10/2000  (NOTE Registered Agent signature required when reinstating)  9. Capital Contributions as Shown on record.  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 filled to change a general partner.							LE TO DEPT. OF STATE FOR FEE INFORMATION CE.	
12. GENERAL PARTNER INFORMATION				,		ADDRESS CHANGES C		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F92000000974 RIDGEWOOD, INC. 525 FENTRESS BLVD: DAYTONA BEACH FL 32114			<u> </u>	275 Clyde Mc Ormond Beach	<u> </u>	H316100	
DOCUMENT# NAME	G93047900019 R.D.T., L.L.C.			ET ADDRESS .	275 Clyde Mo	5 Clyde Morris Blvd.		
STREET ADDRESS CITY+ST-ZIP	525 FENTRESS, BLVD. DAYTONA BEACH FL 32114		СПУ	-ST-ZIP	Ormond Beach, FL 32174			
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STREET ADORESS CITY-ST-ZIP			CITY	-ST-ZIP			<u>-</u>	
indicated	certify that the information supplied with to on this report is true and accurate and the or trustee empowered to execute this	hat my signature shall have t	he same	e legal effect a:	s if made under oath; t	Florida Statutes. I further o hat I am a General Partner	ertify that the information of the limited partnership or	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER