


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

FILED

07 JUN -1 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # B97000000219	
1. Entity Name CAPTIVA HOLDINGS, LTD.	

Principal Place of Business 100 CONGRESS AVE, SUITE 2000 AUSTIN, TX 78701	Mailing Address 100 CONGRESS AVE, SUITE 2000 AUSTIN, TX 78701
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2. Principal Place of Business - No P.O. Box # 100 Congress Ave	3. Mailing Address 100 Congress Ave
Suite, Apt #, etc Suite 2200	Suite, Apt #, etc Suite 2200

City & State Austin, TX	City & State Austin, TX
Zip 78745	Country USA

04242007	Chg-LP	CR2E003 (12/06)
4. FEI Number 74-2742241	Applied For Not Applicable	



5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIORDANI, ROSEANNE 2340 PERIWINKLE WAY UNIT M-1 SANIBEL, FL 33957	
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.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M06000003576	STREET ADDRESS	100104217571
NAME	HIGH RIDGE MANAGEMENT, LLC	CITY-ST-ZIP	06/11/07--01032--001 **500.00
STREET ADDRESS	2340 PERIWINKLE WAY UNIT M-1		
CITY-ST-ZIP	SANIBEL, FL 33957		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: [Signature] DATE: 7-25-07 DAYTIME PHONE: 512.310.2131  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER