

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 JUN 10 AM 10:20

DOCUMENT # B97000000219

1. Entity Name
 CAPTIVA HOLDINGS, LTD.



Principal Place of Business
 100 CONGRESS AVE, SUITE 2000
 AUSTIN, TX 78745

Mailing Address
 100 CONGRESS AVE, SUITE 2000
 AUSTIN, TX 78745

2. Principal Place of Business - No P.O. Box #
 100 Congress Avenue

3. Mailing Address
 100 Congress Avenue

Suite, Apt. #, etc.
 Suite 2200

Suite, Apt. #, etc.
 Suite 2200

City & State
 Austin, TX

City & State
 Austin, TX

Zip
 78701

Country
 United States

Zip
 78701

Country
 United States

04212008 Chg-LP CR2E003 (12/06)

4. FEI Number
 74-2742241

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$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

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 # M06000003576
 NAME HIGH RIDGE MANAGEMENT, LLC
 STREET ADDRESS 2340 PERIWINKLE WAY UNIT M-1
 CITY-ST-ZIP SANIBEL, FL 33957

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

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 CITY-ST-ZIP

700130925757
 06/05/08--01042--003 **500.00

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:

Roseanne Giordani

Roseanne Giordani

4/30/8

513230889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE