

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A02000001013
1. Entity Name
FLAGVENTURE RIVERSIDE, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 13 PM 1:04

Principal Place of Business Mailing Address
5000 SAWGRASS VILLAGE CIRCLE, SUITE O 5000 SAWGRASS VILLAGE CIRCLE, SUITE O
PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082



MOORE CR2E003 (11/03)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **14-1859826** Applied For
AP-PLIED FOR Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEBER, BRYAN L
5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE
PONTE VEDRA BEACH FL 32082

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. \$5,750,000.00 10. Amount of Capital Contribution in FLORIDA to date. \$5,250,000.00 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P02000080782	STREET ADDRESS	
NAME	FLAGVENTURE RS, INC.	CITY-ST-ZIP	
STREET ADDRESS	5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	400034492184
STREET ADDRESS			04/28/04--01071--038 **526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: *Bryan L Weber* Date: 4-2-04 Daytime Phone #: 904-285-0228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER