


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 18, 2006 08:00 AM
Secretary of State

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



Principal Place of Business: **5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE
 PONTE VEDRA BEACH, FL 32082**

Mailing Address: **5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE
 PONTE VEDRA BEACH, FL 32082**

DO NOT WRITE IN THIS SPACE



02012006 No Chg-LP CR2E003 (11/05)

4. FEI Number: **14-1839826** Applied 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**

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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, 2006, 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 #	PD2000080782
NAME	FLAGVENTURE RS, INC.
STREET ADDRESS	5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____