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

RRR MEM, LLC Ly Mand P. MY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

	DUEBIN	IAT 1, 2004			ا القراب التي التي التي التي التي التي التي التي	
DOCUME 1. Entity Name	NT # A11000					
RIVER BEND-ROAD, LTD.		-				
Principal Place of B	Mailing Address	-	٠, .	04 FEB - 2 AM 9: 35		
5250 RIVERVIEW BLVD BRADENTON FL 34209		5250 RIVERVIEW BLVD BRADENTON FL 34209			SECRETARY OF STATE TALLAHASSEE FLORIDA	
ŧ						
2. Principal Place of	f Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E003 (11/03)	
City & State		City & State			4. FEI Number 59-2120757 Applied For Not Applied	
Zip	Country	Zip	Coun	lry	5. Certificate of Status Desired S8.75 Additional Fee Required	
6.	Name and Address of Curren	Registered Agent			7. Name and Address of New Registered Agent	
SMITH, JAN E. 1111 THIRD AVENUE WEST, SUITE 210 BRADENTON FL 33505				Street Address	P.O. Box Number is Not Acceptable)	
				City	FL Zip Code	
	id entity submits this statement t f registered agent.	or the purpose of changing f	ts registere	ed office of registe	red agent, or both, in the State of Florida. I am familiar with, and acce	
SIGNATURE	re, typed or printed name of registered agen	t and title it applicable.	·		DATE	
9. Capital Contribu		10. Amount of Cap		outions	11: MAKE CHECK PAYABLE TO FL. DEPT. OF STA	
· · · · ·	A GENERAL PARTNER	THAT IS A BUSINESS E	NTITY M	UST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE.	
<u> </u>			the form	; an amendme	nt must be filed to change a general partner. ADDRESS CHANGES ONLY	
12. GENERAL PARTNER INFORMATION DOCUMENT # L0000007855					ADDRESS CHANGES ONE!	
NAME RRR	NAME RRR JES, LLC			ET ADDRESS		
			CITY	-ST-ZIP		
	16NT ≠ L0000007856 RRR MEM, LLC		STRE	ET ADDRESS		
l I	TY-ST-ZIP BRADENTON FL 34205 ICUMENT #		CITY	-ST-ZIP	800028010508 82/82/84 81847-814 **526.25	
DOCUMENT #			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		· ·	СІТҮ	-ST-ZIP		
DOCUMENT # NAME			STRI	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
CITY-ST-ZIP DGCUMENT # NAME			STRE	ET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP			СПУ	-ST-ZIP	M THOMAS	
DOCUMENT / NAME STREET ADDRESS	-		STRI	EET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP			-ST-ZIP		
14. I hereby certify indicated on the the receiver or	that the information supplied wi is report is true and accurate an trustee empowered to execute t	th this filing does not qualify d that my signature shall hav his report as required by Chi	for the exe ve the sam apter 620,	motion stated in S e legal effect as if Florida Statutes	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnersh	