


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # A17196					
1. Entity Name RIVER OAKS ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714			Mailing Address 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714		
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 02152005 Chg-LP CR2E003 (10/03) 05-0413325	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FILDES, RICHARD J % LOWNDES, DROWNICK, DOSTER ET AL 215 N. EOLA AVE. ORLANDO, FL 32802				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$400.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	G46246		STREET ADDRESS		
NAME	PICERNE DEVELOPMENT CORPORATION OF FLORIDA		CITY-ST-ZIP		
STREET ADDRESS	247 NORTH WESTMONTE DR.			100000365765 05/11/05-20016-003 141.25	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714				
DOCUMENT #			STREET ADDRESS		
NAME	PICERNE, ROBERT M		CITY-ST-ZIP		
STREET ADDRESS	247 NORTH WESTMONTE DR.				
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714				
DOCUMENT #			STREET ADDRESS		
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CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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					
PICERNE DEVELOPMENT CORPORATION OF FLORIDA, A FLORIDA CORPORATION					
SIGNATURE: BY: <u>Robert M. Picerne</u> <u>4/26/05</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
ROBERT M. PICERNE, PRESIDENT					

STAPLE CHECK HERE