

**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
May 06, 2006 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**



04192006 No Chg-LP CR2E003 (11/05)

4. FEI Number  
**05-0413325** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**FILDES, RICHARD J  
% LOWNDES, DROWNICK, DOSTER ET AL  
215 N. EOLA AVE.  
ORLANDO, FL 32802**

**DO NOT WRITE  
IN THIS SPACE**

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**

00000541947  
05/10/06-80078-012 500.00

**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 #	G46246
NAME	PICERNE DEVELOPMENT CORPORATION OF FLORIDA
STREET ADDRESS	247 NORTH WESTMONTE DR.
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714
DOCUMENT #	
NAME	PICERNE, ROBERT M
STREET ADDRESS	247 NORTH WESTMONTE DR.
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Jan Hefflinger **Jan Hefflinger** 4/21/06 407.772.0200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #