


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

ENTERED
 APR 17 2007 08:00 A
 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 |
|--|--|

See 10 & 13
583956



DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 03302007 No Chg-LP | CR2E003 (12/06) |
| 4. FEI Number 05-0413325 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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 05/21/07-80036-015 500.00

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # | G46246 |
| NAME | PICERNE DEVELOPMENT CORPORATION OF FLORIDA |
| STREET ADDRESS | 247 NORTH WESTMONTE DR. |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32714 |
| DOCUMENT # | PICERNE, ROBERT M |
| NAME | |
| 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

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:  DATE: 4/27/07

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #