

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A95000001599 1. Entity Name FLORIDIAN INVESTMENTS, LTD.			
Principal Place of Business 324 ROYAL PALM WAY, STE. 231 PALM BEACH, FL 33480		Mailing Address PO BOX 2771 PALM BEACH, FL 33480	
2. Principal Place of Business 7490 Clubhouse Rd Suite, Apt. #, etc. Ste. 200		3. Mailing Address PO Box X Suite, Apt. #, etc.	
City & State Boulder, CO		City & State Boulder, CO	
Zip 80301		Zip 80306	
Country USA		Country USA	
4. FEI Number 65-0612420		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAISFIELD, MARC 324 ROYAL PALM WAY, STE. 231 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name: Randy Haistfield Street Address (P.O. Box Number is Not Acceptable): 7490 Clubhouse Rd., Ste 200 City: Boulder CO FL Zip Code: 80301	
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: Signature, typed or printed name of registered agent and title if applicable		DATE: 6/30/04	
9. Capital Contributions as Shown on record: \$7,425.00		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 # P97000095558 NAME RIVER ONE, INC. STREET ADDRESS 324 ROYAL PALM WAY, STE. 231 CITY-ST-ZIP PALM BEACH, FL 33480		STREET ADDRESS 7490 Clubhouse Rd., Ste 200 CITY-ST-ZIP Boulder, CO 80301	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 6/30/04 Daytime Phone #: (303) 440-8874	

FILED

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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