2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

Due By May 1, 2004									
DOCUMENT # A0000001811						U bus bes top			
1. Entity Name EAGLE RIVER I LIMITED PARTNERSHIP						04 FEB -2 AM 9: 48			
District Ones of District					O W P	SECRETARY OF STATE TALLAHASSEE.FLORIDA			
Principal Place of Business 2311 S WATEFMANDAVE OZELLO FL 34429			Mailing Address 2311 S WATERMANDRIVE OZELLO, FL. 34429				IALLAGE.	(SOLE.I	COMPA
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01182004	Chg-LP	CR2E00	3 (10/03)
City & State			City & State			4. FEI Number 59-3673			Applied For Not Applicable
Zip	-Country	. 7	Zip Coun		itry.	5. Certificate o	f Status Desired		8.75 Additional se Required
Name and Address of Current Registered Agent					Name	7. Name and A	ddress of New I	Registered Ag	jent
COOPER, CHARLES E					Street Address (P.O. Box Number is Not Acceptable)				
2311 S. WATERMAN DRIVE OZELLO, FL 34429					Street Address ((P.O. Box Number is Not Acceptable)			
					City			FL	Zip Code
	named entity submits this statement	for the p	urpose of changing its	register	Led office or register	red agent, or both	, in the State of Fl		miliar with, and accept
the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.									
9. Capital Contributions as Shown on record. \$0.00 in FLORIDA to date.					butions O		\$141	1.25	· · · · · · · · · · · · · · · · · · ·
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 PARTN			ADDRESS CH	ANGES ONLY				
DOCUMENT# NAME	COOPER, CHARLES E			STR	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	2311 S. WATERMAN DRIVE OZELLO, FL. 34429			CITY	-ST-ZIP				
DOCUMENT#		-	•	STRI	ET ADDRESS		· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS	SNYDER, PAULA E 2311 S. WATERMAN DRIVE						00028	um 1 1 1	l d O
CITY-ST-ZIP	OZELLO, FL 34429			CIT	-ST-ZIP	02/02	/040105	3023	. - ** 141. 25
NAME				STRI	ET ADDRESS				
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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)(i), 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 internal partnership or the partnership or the internal partnership or the									
the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes V26/04									
SIGNATURE: CHARLES E. COOPER Karles Company Signature and typed or printed Name of Signature and typed or printed Name of Signature and typed or printed Name of Signature and typed or Phone of Signature and Signa									
	Charles on Liver 1 I FED							Day	