2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

DUE BY MAY 1, 2004						/* N
DOCUMENT # A01392 1. Entity Name NORTH BIVER MILE PROPERTIES LTD					FILED SECRETARY OF STATE DIVISION OF CORPORATE	- (-)1 E: ONS
NORTH RIVER MILE PROPERTIES, LTD.					04 APR - 1 AM 10: 0	
Principal Place of Business Mailing Address 3436 MARINATOWN LANE 3436 MARINATOWN FT. MYERS FL 33903 N. FT. MYERS F.			VN LANE 33903		D# ALIK T ALIKE O	``
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #,			c.		MOORE CR2E003 (11/03)	
City & State		City & State			4. FEI Number 59-1386649	Applied For Not Applicable
Zip Country		Zip Count		try		8.75 Additional se Required
ξ ί	6. Name and Address of Current I	Registered Agent			7. Name and Address of New Registered Ag	ent
				Name		
WATERWAY GROUP, INC. C/O TOM BERTI 3436 MARINATOWN LANE N. FT. MYERS FL 33903				Street Address (P.O. Box Number is Not Acceptable)		
14. 1 1. WILDS 1 L 33903						
				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. Timothy A. Berti Registered agent, WaterWay Group Inc 6-4-04						
Signature, typed or printed name of registered agent and title if applicable. DATE						
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL DEPT OF STATE in FLORIDA to date. 12. Amount of Capital Contributions in FLORIDA to date. 13. 269. 11						
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 #	WATERWAY GROUP, INC.			ET ADDRESS		
NAME STREET ADDRESS						
CITY-ST-ZIP	N. FT. MYERS FL		CITY	·ST-ZIP		
DOCUMENT / NAME	G93078000027 TAYLOR MEMORIAL TRUST .			ET ADDRESS	300032742783 	
STREET ADDRESS CITY-ST-ZIP	DDRESS 6700 WINKLER,RD. #1		CITY	ST-ZIP	0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
DOCUMENT # NAME			STRE	ET ADDRESS		
-STREET ADDRESS: CITY-ST-ZIP		and the second of the second o	CITY-	ST-ZIP		
DOCUMENT / NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		,
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		
DOCUMENT #		<u> </u>	-			
NAME THE STREET ACTORESS			STRE	ET ADDRESS		
CITY-ST-ÉP.			}	Sījê ZIP		
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 receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes.						

SIGNATURE Timothy A. Berti, Pres. 3-5-04 239-997-5695
SIGNATURE AND TYPED OR PRINTED NAMES SIGNATURE AND TYPED OR PRINTED NAMES SIGNATURE PRINTED NAME

STAPLE CHECK HERE