


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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| DOCUMENT # A02000000665 |  |
| 1. Entity Name RIVERWALK HOTEL AND MARINA, LTD. | |

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| Principal Place of Business 4099 TAMiami TRAIL, NORTH, SUITE 305 NAPLES, FL 34103 | Mailing Address 4099 TAMiami TRAIL, NORTH, SUITE 305 NAPLES, FL 34103 |
|---|---|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED
04 JUN -1 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | |
|---|--------------------------------|-----------------|
| 02122004 | Chg-LP | CR2E003 (10/03) |
| 4. FEI Number 71-0880810 APPLIED FOR | 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 | | 7. Name and Address of New Registered Agent | |
| FIELD, JAMES W 4099 TAMiami TRAIL, NORTH, SUITE 305 NAPLES, FL 34103 | | Name Street Address (P.O. Box Number is Not Acceptable) 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable.

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| 9. Capital Contributions as Shown on record. 3,250,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. \$3,250,000.00 |
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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 # | F.C.F. DEVELOPMENT CO., L.L.C. | STREET ADDRESS | |
| NAME | 4099 TAMiami TRAIL, NORTH, SUITE 305 | CITY-ST-ZIP | |
| STREET ADDRESS | NAPLES, FL 34103 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 900036053509 |
| NAME | | CITY-ST-ZIP | 05/11/04-01035-023 **2276.25 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-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:  **Managing Partner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE