


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

DOCUMENT # A02000001013 1. Entity Name FLAGVENTURE RIVERSIDE, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 13 PM 1:04

Principal Place of Business 5000 SAWGRASS VILLAGE CIRCLE, SUITE O PONTE VEDRA BEACH FL 32082	Mailing Address 5000 SAWGRASS VILLAGE CIRCLE, SUITE O PONTE VEDRA BEACH FL 32082
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MOORE CR2E003 (11/03)

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

4. FEI Number 14-183982-6 AP-PLIED FOR	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WEBER, BRYAN L 5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE PONTE VEDRA BEACH FL 32082	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 title if applicable.

9. Capital Contributions as Shown on record. \$5,750,000.00	10. Amount of Capital Contribution in FLORIDA to date. \$5,250,000.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P02000080782	STREET ADDRESS	
NAME	FLAGVENTURE RS, INC.	CITY-ST-ZIP	
STREET ADDRESS	5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	400034492184
STREET ADDRESS			04/28/04--01071--038 **526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Bryan L Weber **Bryan L Weber** 4-2-04 904-285-0228

STAPLE CHECK HERE