2005 LIMITED PARTNERSHIP ANNUAL REPORT

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SIGNATURE:

FILED

Secretary of State Long-Value FlagVenTure Riverside, LTD. ***Principal Place of Business** 5000 SAMRASS VILLAGE CRCLE, SUITE ONE PONTE VEDRA BEACH, FL 32082 ***Principal Place of Business** 5000 SAMRASS VILLAGE CRCLE, SUITE ONE PONTE VEDRA BEACH, FL 32082 ***Principal Place of Business** Suna, Apr. #, elid. Suna, Apr			Way I, ZUU	<u> </u>			Apr 30), 2005 08:00 A
5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE PONTE VEDRA BEACH, FL 32082 2. Principal Piace of Business 3. Mailing Address Suite, Apt. F. atc. Suite, Apt.	DOCUMENT # A0200001013 1. Entity Name FLAGVENTURE RIVERSIDE, LTD.							
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PONTE VEDRA BEACH, PL 32082 2. Principal Piace of Business Suto, Apr. F. dot. Suto,	Principal Place of Business Mailing Address							
Site. Apt. # etc. Size. Apt. #, etc. A FEI Number A-FEI Numb								
Suite. Apl. # etc. A. FEI Number 14-1839026 Name and Address of Current Registered Agent 7. Name and Address of Suite Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 8. Stock Address (P.O. Box Number is Not Acceptable) WEBER, BRYAN L 5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE 8. The above named early 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. 9. Cepital Contributions 8. Shown on record. 9. Cepital Contributions 8. A Selection of Record. 9. Cepital Contributions 9. A CENERAL PARTHEE 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. 9. Cepital Contributions 9. Cepital Contribut								
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SOUND SAWGRASS VILLAGE CIRCLE, SUITE ONE City City FL Zip Code								
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report is true and acquired and that my signature shall have the same local effect and marks under certify that the information	STREET ADDRESS CITY-ST-ZIP			CITY-ST	r-ZIP			
	14. I hereby o	certify that the information supplied with	this filing does not qualify	for the exemp	otion stated in Second effect as if m	ction 119.07(3)(i),	Florida Statutes.	further certify that the information