



**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A02000001013				Apr 30, 2005 08:00 AM Secretary of State	
1. Entity Name FLAGVENTURE RIVERSIDE, LTD.					
Principal Place of Business 5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE PONTE VEDRA BEACH, FL 32082		Mailing Address 5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE PONTE VEDRA BEACH, FL 32082			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 14-1839826	
Zip		Country		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			
WEBER, BRYAN L 5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE PONTE VEDRA BEACH, FL 32082		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$5,750,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$5,750,000.00			
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			
STREET ADDRESS			U00000346155		
CITY-ST-ZIP			04/30/05 00005 000 526.25		
DOCUMENT #		STREET ADDRESS			
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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)(f), 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: _____		Bryan Weber 3/28/05 904-285-0228			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #			