

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000001013

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**

DO NOT WRITE IN THIS SPACE

02012006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
14-1839826

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEBER, BRYAN L
5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and the if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT # **PD2000080782**
NAME **FLAGVENTURE RS, INC.**
STREET ADDRESS **5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

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**U00000517957
05/01/06-80065-022 500.00**

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

STAPLE CHECK HERE