2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT # A03000000040 1. bissy parts 1. bissy par	Due by May 1, 2005										
### STEP HONOR OF GLICHRIST COUNTY, LTD. ### SECRETARY OF STATE TALLAHASSES, FLORIDA ### SECRETARY OF STATE ### SECRETAR	DOCUMENT # A0300000040						FILEU				
SECRETARY OF STATE ALLAHASSE, FLORIDA AND STREET CAMESVILLE, FL 32606 SECRETARY OF STATE ALLAHASSE, FLORIDA ATTAL 5 Now 4380 STREET COLVE, Same City A Same APPHIEDFOR 13 - 4232863 Secret Andrews of Status Desired Secretary City A Same City A	1. Entity Name						2	005 APR 28	PM 1:44		
2. Principal Place of Business 3. Mailling Address 3. Mailli											
2. Principal Place of Business 3. Mailling Address 3. Mailli	Principal Place	e of Busines	s	Mailing Address		TALLAHASSEE, FLORIDA					
2. Principal Pace of Business 2.777.2 · S N.W 43-y Struct 2. Suite, April 4. Polic 3. Name and Address of Current Registered Agent 4. Polic 5. Name and Address of Current Registered Agent 4. Polic 5. Name and Address of New Registered Agent 4. Name 4. Suite 4. Address (P.O. Box Number in Not Acceptable) City 4. Polic 5. Name and Address of New Registered Agent 4. Name 5. Suite 4. Address (P.O. Box Number in Not Acceptable) City 4. Polic 5. Suite 4. Address (P.O. Box Number in Not Acceptable) City 5. Suite 4. Address (P.O. Box Number in Not Acceptable) City 6. The above named entry submits statement for the purpose of changing its registered defice or registered agent, or both, in the State of Fiorida. Laminarilian with, and accept the obligations of registered Agent or specific defined to the change of the purpose of changing its registered Agent or registered agent, or both, in the State of Fiorida. Laminarilian with, and accept the obligations of registered agent, or both, in the State of Fiorida. Laminarilian with, and accept the obligations of registered agent, or both, in the State of Fiorida. Laminarilian with, and accept the obligations of registered agent, or both, in the State of Fiorida. Laminarilian with, and accept the obligations of registered agent, or both, in the State of Fiorida. Laminarilian with, and accept the obligations of registered agent, or both, in the State of Fiorida. Laminarilian with, and accept the obligations of registered Agent in the Not Acceptable of Polic 5. Suite Agent in the Not Acceptable of Polic 5. Suite Agent in the Not Acceptable of Polic 5. Suite Agent in the Not Acceptab	2700-A NW 43RD STREET 2700-A NW 43RD STREET										
Suite, Apr. 8, etc.)) Pinii na ri n ii n i 1893	
Suite, Apr. 8, etc.	O Oringinal D	la a a of Dunis		2 Mailing Address							
City & State Chy & State Chy & State Chy & State Chinesy County Cou	2772-5 NW 43rd Street 2772-5 NW 4					Street					
Country State Country				Suite, Apt. #, etc.	.pt. #, etc.		04132005	Chg-LP	CR2E003 (10/03)	
Same and Address of Current Registered Agent Same and Address of Current Registered Agent Name								232863			
HOLDEN, CHARLES I JR 2772-S NW 43RD STREET GAINES Street Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip_		Cour		5. Certificate	of Status Desired				
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	3200		<u> </u>	··		T	7. Name and	Address of New F		'	
2772-S NW 43RD STREET GAINESVILLE, FL 32606 8. The above named entry submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amountment must be filled to change a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY PO300003183. RIVERWALK OF GILCHRIST COUNTY DEVELOPMENT 277-25. BW 43RD STREET GAINESS (CITY-ST-2P) COUNENT! NAME STREET ADDRESS CITY-ST-2P DOUMBRY NAME STREET ADDRESS CITY-ST-2P DOUMBRY NAME STREET ADDRESS CITY-ST-2P DOUMBRY NAME STREET ADDRESS CITY-ST-2P						Name					
City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions as Shown on record: 9. Capital Contributions as \$125,500.00 10. Amount of Capital Contributions in FLORIDA to date. A GENERAL PATTIER 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 filled to change a general partner. 12. GENERAL PARTIER INFORMATION 15. ADDRESS CHANGES ONLY OCCUMENT / NAME PO3000003183 RIVERWALK OF GILCHRIST COUNTY DEVELOPMENT STREET ADDRESS CHANGES ONLY STREET ADDRESS CHANGES ONLY OCCUMENT / ST.2P OC	2772-S NV	V 43RD S	TREET			Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE 9. Capital Contributions as Shown on record. \$125,500.00 10. Amount of Capital Contributions in PLORIDA to date. A GENERAL PARTINER 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 filled to change a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY CONCINENT POSITIONS (PLY-ST-2P) CITY-ST-2P COULINST I POCIUMENT ANAE STREET ADDRESS CITY-ST-2P COCUMENT ANAE STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P											
The obligations of registered agent. SIGNATURE 9. Capital Contributions as Shown or record. 12.						City FL Zip Code					
Capital Contributions Street name of repared apert and table 1 applicable.											
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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY PO3000003183 RIVERWALK OF GILCHRIST COUNTY DEVELOPMENT CITY-ST-2IP DOCUMENT / NAME STREET ADDRESS CITY-ST-2IP	SiGNATURE Signature, typed or printed name of registered agent and title if applicable.										
NOTE: General Partners MAY NOT be changed on the form; an amontment must be filled to change a general partner. Counter	9. Capital Contributions \$4.25,500,00 10. Amount of Capital Contributions										
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY	2.5 3/5 \$1.553.5.										
DOCUMENT / NAME CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / NAME CITY-ST-ZIP	NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.										
RIVERWALK OF GILCHRIST COUNTY DEVELOPMENT STREET ADDRESS CITY-ST-ZIP COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		Busunou		RINFORMATION	13.	· · · · · · · · · · · · · · · · · · ·		ADDRESS CH	ANGES UNLY		
				OUNTY DEVELOPMENT	STR	EET ADDRESS					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP COCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP COCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP COCUMENT # NAME STREET ADDRESS CITY-ST-ZIP COUMENT # NAME STREET ADDRESS CITY-ST-ZIP					OIT	V CT 71D					
NAME STREET ADDRESS CITY-ST-ZIP CITY		GAINESVILLE, FL 32606		GII	r-51-2ir						
CITY-ST-ZIP	NAME					EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					CIT	Y-ST-ZIP	va "~		· <u></u>		
CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP COCUMENT # CITY-ST-ZIP COCUMENT # STREET ADDRESS CITY-ST-ZIP COCUMENT # STREET ADDRESS CITY-ST-ZIP COCUMENT # CITY-ST-ZIP COCUMENT # STREET ADDRESS CITY-ST-ZIP COCUMENT # CITY-ST-ZIP					STR	EET ADDRESS	05/20/0501050023 **\$26.25				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS				CiT	Y-ST-ZIP	.	· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	DOCUMENT #				STR	EET ADDRESS					
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	_				cir	V. ST. 7IP					
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT * NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP					÷						
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME					EET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP					CIT	Y-ST-ZIP					
CITY-ST-ZIP CITY-ST-ZIP					STF	REET ADDRESS					
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					CIT	Y-ST-ZIP					
	14. I hereby of indicated the received	certify that th f on this repo ver or trustee	ne information supplied with ort is true and accurate and e empowered to execute th	n this filing does not qualify for I that my signature shall have t is report as required by Chapt	the exi the san ter 620.	emption stated in Se ne legal effect as if r Florida Statutes	ection 119.07(3)(nade under oath), Florida Statutes. ; that I am a Gener	I further certify the last Partner of the l	hat the information limited partnership or	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-27-05 (352) 377-5900

Daytime Phone #