

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A04000001813	
1. Entity Name TRG NEW RIVER, LTD.	

FILED
 05 APR 19 PM 3:59
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145	Mailing Address 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145
---	---



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02142005 Chg-LP CR2E003 (10/03)

City & State	City & State	4. FEI Number 201900338	Applied For Not Applicable
--------------	--------------	-----------------------------------	-------------------------------

Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
-----	---------	-----	---------	--

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERNANDEZ, ANGEL A 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145		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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$99.00	10. Amount of Capital Contributions in FLORIDA to date.
---	---

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 # NAME STREET ADDRESS CITY-ST-ZIP	P04000157047 TRG NEW RIVER, INC. 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F04000006694 QUEST NEW RIVER INC. 670 WHITE PLAINS RD., SUITE 305 SCARSDALE, NY 10583	STREET ADDRESS CITY-ST-ZIP	600854011916 05/06/05--01057--021 **150.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

STAPLE CHECK HERE

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: *Angel Hernandez* **ANGEL HERNANDEZ**
 VICE-PRESIDENT 3/15/05 13051460-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #