

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10:51


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A05000000805	
1. Entity Name RIVERFRONT FAMILY PARTNERSHIP, LTD.	

Principal Place of Business 2020 WELLON RANCH ROAD PARRISH, FL 34219 US	Mailing Address 2020 WELLON RANCH ROAD PARRISH, FL 34219 US
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2. Principal Place of Business - No P.O. Box # 5230 SR 64 EAST	3. Mailing Address 5230 SR 64 EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BRADENTON FL	City & State BRADENTON FL
Zip 34208	Country US
Zip 34208	Country U.S.

	
03272007 Chg-LP	CR2E003 (12/06)
4. FEI Number 56-2515706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	


6. Name and Address of Current Registered Agent	
BARNES, GARRET T 3119 MANATEE AVENUE WEST BRADENTON, FL 34205	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	
Zip Code	

7. Name and Address of New Registered Agent	
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.	

FILE NOW!!! FEE IS \$500.00	
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	BENNETT, RICHARD C	STREET ADDRESS	5230 SR 64 EAST
NAME	2020 WELLON RANCH ROAD	CITY-ST-ZIP	BRADENTON FL 34208
STREET ADDRESS	PARRISH, FL 34219		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	400101242594
STREET ADDRESS			05/02/07--01054--004 **500.00
CITY-ST-ZIP			
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DOCUMENT #		STREET ADDRESS	
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 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 the report as required by Chapter 620, Florida Statutes	
SIGNATURE: 	RICHARD C. BENNETT 3/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	
Date Daytime Phone #	

STAPLE CHECK HERE

8600 4266 9412