


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A08160</b> 1. Entity Name <b>ST. MARY'S RIVER BLUFFS, LTD.</b>	
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Principal Place of Business <b>11635 NW 1ST AVENUE GAINESVILLE, FL 32607</b>	Mailing Address <b>11635 NW 1ST AVENUE GAINESVILLE, FL 32607</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**CURTIS, JOHN M.  
11635 N.W. 1ST AVENUE  
GAINESVILLE, FL 32607**

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**2006 APR 19 AM 10:13**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03012006 No Chg-LP CR2E003 (11/05)

4. FEI Number <b>59-1979941</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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, 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 #	<b>644942</b>
NAME	<b>ST.MARY'S RIV.BLUFFS INC</b>
STREET ADDRESS	<b>11635 NW 1ST AVENUE</b>
CITY-ST-ZIP	<b>GAINESVILLE, FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	

**900072415829**  
**04/27/06--01041--018 \*\*508.75**

**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:**  **St. Mary's River Bluffs, Inc., The General Partner**  
**By: John M. Curtis** **04/17/06** **352-332-0838**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE