

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 16 AM 9:15

DOCUMENT # A28204

1. Entity Name
 RIVER REACH OF CRYSTAL RIVER, LTD.



Principal Place of Business
 20721 S.W. 46TH AVE.
 NEWBERRY, FL 32669

Mailing Address
 3111 PACES MILL RD
 SUITE A250
 ATLANTA, GA 30339

2. Principal Place of Business - No P.O. Box #
 2151 A N. River Reach Cir
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Crystal River, FL
 Zip
 34428

City & State
 Zip
 Country

01032007 Chg-LP CR2E003 (12/06)

4. FEI Number
 59-2940079

Applied For
 Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SUSAN
 HALLMARK MANAGEMENT, INC.
 4040 NEWBERRY ROAD., SUITE 1000
 GAINESVILLE, FL 32607

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

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

DATE

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

DOCUMENT # M04000001623
 NAME BCP FL-GA GP, LLC
 STREET ADDRESS ONE BOSTON PLACE, SUITE 2100
 CITY-ST-ZIP BOSTON, MA 02108

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
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 STREET ADDRESS
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DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600085016236
 01/18/07--01038--011 **508.75

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: Susan Adams, Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-11-07

Date

770-984-2100

Daytime Phone #

STAPLE CHECK HERE