


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 APR 29 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A30426</b> 1. Entity Name RIVERWALK ENTERPRISES, LTD.	
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Principal Place of Business GROVE AT LAKELAND SQUARE 3570 US HWY 98 N LAKELAND, FL 33809	Mailing Address GROVE AT LAKELAND SQUARE 3570 US HWY 98 N LAKELAND, FL 33809
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04272004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3026910	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 BARCAP REALTY SERVICES GROUP, INC. GROVE AT LAKELAND SQUARE 3570 US HWY 98 N LAKELAND, FL 33809	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

9. Capital Contributions as Shown on record. \$340,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	L98000001652	STREET ADDRESS	3570 US Hwy 98 n.
NAME	BARON RIVERWALK, LLC	CITY-ST-ZIP	Lakeland, FL 33809
STREET ADDRESS	7826 COOPER RD.		
CITY-ST-ZIP	CINCINNATI, OH 45242		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400036059004
NAME		CITY-ST-ZIP	05/11/04-01054-021 **526.25
STREET ADDRESS			
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CITY-ST-ZIP			
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 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:** *J. Stephen Miller* **4-28-04** **(863) 853-2882**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE