2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED

Due By May 1, 2006				Apr 26, 2006 08:00 AM Secretary of State	
DOCUMENT #A30426					
1. Enlity Name RIVERWALK ENTERPRISES, LTD.					
Principal Place of Business 109 WEST COMMERCIAL ST. SANFORD, FL 32771		Mailing Address 109 WEST COMMERCIAL ST, SANFORD, FL 32771			
DO NOT WRITE IN THIS SPACE			ACE.	04042006 No Chg-LP CR2E003 (11/05)	
L	O NOI WINIL	114 11110 017	TOL	4. FEI Number Applied For 59-3026910 Not Applicable	
				5. Certificate of Status Desired	
	6. Name and Address of Current F	Registered Agent			
BARCAP REALTY SERVICES GROUP, INC. 109 WEST COMMERCIAL ST SANFORD, FL 32771			DO NOT WRITE IN THIS SPACE		
		the purpose of changing its regis	tered affice or register	red agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. Signature, hyped or printed name of registered agent and title if applicable.			Υ.ρ.	4-24-06 DATE	
Signalus hyped or printed name of registered agent and title if applicable FILE NOWIJI FEE 13 \$500.00			11/01/00/053/5634		
	After May 1, 2	006, Fee will be \$900.00)%/08/06-80059-011 500.00	
	NOTE: General Partners MA	Y NOT be changed on the fo		TERED AND ACTIVE WITH THIS OFFICE, at must be filed to change a general partner.	
12.	GENERAL PARTNER L98000001652	INFORMATION			
NAME	BARON RIVERWALK, LLC	į			
STREET NOORESS	109 WEST COMMERCIAL ST. SANFORD, FL 32771				
DOCUMENT #	SANFORD, FL 32111				
NAMC	} *	Ì			
STREET AUDRESS EXTY-ST-ZIP					
DOCUMENT 1					
NAME	{			DO NOT WRITE	
STREET ADDRESS CITY-ST-ZIP					
DOCUMENT #				IN THIS SPACE	
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14. I hereby certify that the information supplied with this filting 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 ceth; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 820, Florida Statutes

STAPLE CHECK MERE

STREET ADDRESS

SIGNATURE: AR MA J. STRPHEN MILLER
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

4-24-86 4076857362 Date Daytime Phone #