2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

| | MENT # A940000 | 00352 | | | ine. | |
|--|--|---|---|---|---|--|
| 1. Entity Name RIVER REACH OF ORANGE COUNTY, LTD. | | | | 04 APR 30 AM | 8: 12 | |
| Principal Place of Business Mailing Address | | | <u> </u> | SECRETARY OF | SIAIE HI ORINA | |
| 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405 | | 1002 WEST 23RD STREET, SUITE 400 Panama City, FL 32405 | | SECRETARY OF TALLAHASSEE | L F A WIO W | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01092004 Chg-LP | CR2E003 (10/03) | |
| City & State | | City & State | | 4. FEI Number 59-3230272 | Applied For Not Applicable | |
| Zip | Country | Žip | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| | 6. Name and Address of Curre | ent Registered Agent | N | 7. Name and Address of New I | Registered Agent | |
| HENRY R | OBERT F III | | Name | Lauretta J. Pippin | | |
| 1002 WES | T 23RD STREET, SUITE 40 CITY, FL 32405 | 00 | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | W. 23 rd St., Ste. 400 | FL Zip Code | |
| A The state of | | | City Panar | na City | FL Zip Code 32405 orida. I am familiar with, and accept | |
| the obligation | named entity submits this statement ions of registered about. | at for the propose of changing | g its registered office or regis | tered agent, or both, in the State of Fi | orida. I am ramiliar with, and accept | |
| SIGNATURE Signature, Toped of Printed name of registered agen and the if applicable Lauretta J. Pippin 4/22/04 DATE | | | | | | |
| 9. Capital Cor as Shown o | | 10. Amount of Ca | apital Contributions to date. | | 4 | |
| | | | | STERED AND ACTIVE WITH THent must be filed to change a | | |
| 12. | . GENERAL PART | NER INFORMATION | 13. | ADDRESS CH | ANGES ONLY | |
| DOCUMENT # NAME | 598978 ROYAL AMERICAN DEVELO | PMENT, INC. | STREET ADDRESS | | , | |
| STREET ADDRESS CITY-ST-ZIP | 1002 WEST 23RD STREET, PANAMA CITY, FL 32405 | SUITE 400 | CITY-ST-ZIP | | | |
| DOCUMENT # NAME | * | | STREET ADDRESS | | | |
| STREET ADDRESS — CITY-ST-ZIP | | | CITY-ST-ZIP | 50003E 05/11/04010 | 5063035 66034 **535.00 | |
| DOCUMENT # NAME | | | STREET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | 792 | | CITY-ST-ZIP | | | |
| DOCUMENT # NAME | | | STREET ADDRESS | | | |
| STREET ADORESS CITY-ST-ZIP DOCUMENT | | | CITY-ST-ZIP | | | |
| NAME ! | | | STREET ADDRESS | | | |
| | | | CITY-ST-ZIP | | | |
| DOCUMENT # | | • | STREET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| 14. I hereby of indicated the receiv | certify that the information supplied on this report is true and accurate ver or trustee empoweled to execut | with this filing does not qualify and that my signature shall have this report as required by C | y for the exemption stated in ave the same legal effect as hapter 620, Florida Statutes | Section 119.07(3)(i), Florida Statutes if made under oath; that I am a Gener | . I further certify that the information ral Partner of the limited partnership or | |
| SIGNAT | THE MONTH | これてしひ | Aguretta J. Pippin, Secre | tary 4/22/04 | (850) 769-8981 | |
| SIGNAL | SIGNATURE AND TYPE | D OR PRINTED NAME OF SHOUND GE | NERAL PARTNER | Date | Daytime Phone # | |