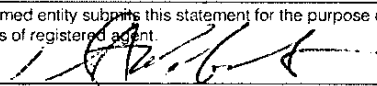


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 9:31

DOCUMENT # A94000000953 1. Entity Name NEW RIVER PARTNERS, LIMITED					
Principal Place of Business 13001 FOUNDERS SQUARE DRIVE ORLANDO, FL 32828			Mailing Address 13001 FOUNDERS SQUARE DRIVE ORLANDO, FL 32828		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KAHLI, BEAT M 13001 FOUNDERS SQUARE DRIVE ORLANDO, FL 32828			Name W&P Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1936 Lee Road, Suite 101 City Winter Park, FL Zip Code 32789		
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 10/17/05 <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,527,030.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	F94000003611		STREET ADDRESS	300056034332 05/10/05--01076--006 **535.00	
NAME	NEW RIVER DEVELOPMENT CO., INC.		CITY-ST-ZIP		
STREET ADDRESS	13001 FOUNDERS SQUARE DRIVE				
CITY-ST-ZIP	ORLANDO, FL 32828				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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:  Keith Ewing, CFO 4-1-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
				<small>Date</small> 4-1-05 <small>Daytime Phone #</small>	

STAPLE CHECK HERE