


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:52

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01232006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0497142	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
W&P SERVICES, INC. 1936 LEE ROAD SUITE 101 WINTER PARK, FL 32789		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		450 N. Wymore Road	
		City	State
Winter Park		FL	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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F94000003611	STREET ADDRESS	
NAME	NEW RIVER DEVELOPMENT CO., INC.	CITY - ST - ZIP	
STREET ADDRESS	13001 FOUNDERS SQUARE DRIVE		
CITY - ST - ZIP	ORLANDO, FL 32828		
DOCUMENT #		STREET ADDRESS	988875012589
NAME		CITY - ST - ZIP	05/22/06--01004--020 **500.00
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STREET ADDRESS			
CITY - ST - ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE