

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

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000000250</b> 1. Entity Name <b>RIVER WILDERNESS GOLF ASSOCIATES LIMITED</b>					
Principal Place of Business <b>ONE WILDERNESS BLVD.</b> <b>*PARRISH, FL 34219</b>			Mailing Address <b>2600 DOUGLAS RD., #505</b> <b>CORAL GABLES, FL 33134</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0556462</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WADE CAPITAL, INC.</b> <b>2600 DOUGLAS RD., #505</b> <b>CORAL GABLES, FL 33134</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$3,278,080.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>\$ 3,278,080.00</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P95000013023		STREET ADDRESS		
NAME	WADE CAPITAL, INC.		CITY-ST-ZIP		
STREET ADDRESS	2600 DOUGLAS RD., #505				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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 exemption stated in Section 119.07(3)(f), 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					
<b>SIGNATURE:</b> <i>William G Vernon</i>			Date <b>4/30/04</b> Daytime Phone # <b>305 448 1070</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

