

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001302

1. Entity Name

RIVER TRACE OF NEW PORT RICHEY, LTD.

FILED

2002 MAY -8 AM 11:18

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



Principal Place of Business 29656 U.S. HIGHWAY 19 NORTH STE. 100 CLEARWATER FL 33761	Mailing Address 29656 U.S. HIGHWAY 19 NORTH STE. 100 CLEARWATER FL 33761
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-3332623	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MINIERI, CARL N
29656 U.S. HIGHWAY 19 NORTH
STE. 100
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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.

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

9. Capital Contributions as Shown on record. \$990,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # P95000067593	RIVER TRACE OF NEW PORT RICHEY, INC. 29656 U.S. HIGHWAY 19 NORTH, SUITE 100 CLEARWATER FL 33761	STREET ADDRESS	700005611167--0 -05/28/02--01014--013 *****88.75 *****88.75
DOCUMENT #		STREET ADDRESS	700005611167--0 -05/28/02--01014--014 *****437.50 *****437.50
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CR2E003 (9/01)

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: *Carl N. Minieri* **4-1-02 727 7873111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #