


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

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000001302</b>	
1. Entity Name RIVER TRACE OF NEW PORT RICHEY, LTD.	

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	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03232004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3332623	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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MINIERI, CARL N 29656 U.S. HIGHWAY 19 NORTH STE. 100 CLEARWATER, FL 33761	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	DATE
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9. Capital Contributions as Shown on record. \$990,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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
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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000067593	STREET ADDRESS	
NAME	RIVER TRACE OF NEW PORT RICHEY, INC.	CITY-ST-ZIP	
STREET ADDRESS	29656 U.S. HIGHWAY 19 NORTH, SUITE 100		
CITY-ST-ZIP	CLEARWATER, FL 33761		
DOCUMENT #		STREET ADDRESS	U090000147011
NAME		CITY-ST-ZIP	05/03/04-80088-019 528.25
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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.

SIGNATURE: <i>Carl N. Minieri</i>	4.20-04	727. 787.3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #