2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Apr 18, 2005 08:00 AM Secretary of State

DOCUMENT # A9500001302 1. Entity Name RIVER TRACE OF NEW PORT RICHEY, LTD.					Secretary of State		
Principal Place of Business Mailing Address 29656 U.S. HIGHWAY 19 NORTH 29656 U.S. HIGHWAY 19 STE. 100 STE. 100 CLEARWATER, FL 33761 CLEARWATER, FL 33761				TH	I INGENIE TRIO INICE BUIK BOIK BOIK NOUT NOUT NOUT NOUT NOUT NOUT NOUT NOUT		
Principal Place of Business 3. Mailing Address				-			
Suite, Apt #	Suite, Apt #, etc Suite, Apt				03152005 Chg-LP CR2E	003 (10/03)	
City & State		City & State	City & State		4. FEI Number 59-3332623	Applied For Not Applicable	
Zip	Country	Zip	Coun	ntry	5. Cortificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent			7. Name and Address of New Registered	Agent	
MINIERL C	MINIERI, CARL N				Name		
29656 U.S. HIGHWAY 19 NORTH STE. 100				Street Address (P.O. Box Number is Not Acceptable)			
CLEARWATER, FL 33761							
				City	FI	Zip Code	
	named entity submits this statement ons of registered agent.	for the purpose of changing	ng its register	èd office or registe	rod agent, or both, in the State of Florida. I am	i familiar with, and accept	
SIGNATURE -	Signature, typed or printed name of registered ago	nt and title if applicable.		· · · · · · · · · · · · · · · · · · ·	DATE	<u> </u>	
9. Capital Con as Shown o	n record. \$990,000.00	10. Amount of C in FLORIDA	to date.	-			
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS AY NOT be changed	on the form	1051 BE REGIS n; an amendmei	TERED AND ACTIVE WITH THIS OFFICE nt must be filed to change a general pa	artner.	
12. GENERAL PARTNER INFORMATION					ADDRESS CHANGES ON	NLY	
DOCUMENT # NAME	P9500067593 RIVER TRACE OF NEW PORT RICHEY, INC.			EET ADDRESS			
STREET ADDRESS CITY+ST+ZIP	29656 U.S. HIGHWAY 19 NOR CLEARWATER, FL 33761	TH, SUITE 100	CITY	Y-ST-ZIP		***	
DOCUMENT / NAME			STRI	EET ADDRESS			
STREET ADDRESS CITY+ST-ZIP			CITY	r-ST-ZIP			
DOCUMENT #			STR	EET ADDRESS	100000101	no.	
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP	——————————————————————————————————————	S-003 526.25	
DOCUMENT # NAME		-	STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP			
DOCUMENT # NAME			STR	EET ADDRESS			
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME			CITY	Y-ST-ZIP			
DOCUMENT # NAME			STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP			
14. I hereby condicated the received	/ 00.11	ith this filling does not qual and that my signature shall this report as required by	lify for the exe have the sam Chapter 620,	emption stated in Sie legal effect as if i Florida Statutes		ertify that the information of the limited partnership of 7-787-311/	

KUER TRACE OF NOR INC GEN'L PAREMER