## 2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007 DOCUMENT # A95000001302** FILED RIVER TRACE OF NEW PORT RICHEY, LTD. 07 MAY 18 PM 4: 16 SECRETARY OF STATE TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address RIVER TRACE OF NEW PORT RICHEY, LTD. RIVER TRACE OF NEW PORT RICHEY, LTD. 28059 U.S. Hwy 19 N., Stc. 302 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761 Clearwater, FL 33761 3. Mailing Address 2. Principal Place of Business - No P.O. Box # RIVER TRACE OF NEW PORT RICHEY, LTD. RIVER TRACE OF NEW PORT RICHEY, 04162007 28059 U.S. Hwy 19 N., Ste. 302 LTD. Chg-LP 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761 4. FEI Number Clearwater, FL 33761 59-3332623 Zip Country Country 5. Certificate of Status Desired $\mu$ sA uwA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RLN MINIERI MINIERI, CARL N 29656 U.S. HIGHWAY 19 NORTH 28059 U.S. Hwy 19 N., Ste. 302 STE. 100 Clearwater, FL 33761 CLEARWATER, FL 33761 Cilv 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 talle if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 # NAME	P95000067593 RIVER TRACE OF NEW PORT RICHEY, INC.	STREET ADDRESS	400103605724 05/31/0701024002 **500.00
STREET ADORE	28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761	CITY-ST-ZIP	
DGCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS - CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CHY-ST-ZIP	49
DOCUMENT #		STREET ADDRESS	<b>,</b>
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
14. Thereby certify that the information supplied with this filling 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:

Genthur 4/28/07 Days Phone A

CR2E003 (12/06)

Applied For

\$8.75 Additional

Zip Code

Fee Required

Not Applicable