

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014245 AT

DOCUMENT # A95000001302

1. Entity Name
RIVER TRACE OF NEW PORT RICHEY, LTD.



FILED

03 APR 16 PM 2:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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.
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DUE BY MAY 1, 2003

City & State	City & State	4. FEI Number 59-3332623	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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	
DOCUMENT #	P95000067593
NAME	RIVER TRACE OF NEW PORT RICHEY, INC.
STREET ADDRESS	29656 U.S. HIGHWAY 19 NORTH, SUITE 100
CITY-ST-ZIP	CLEARWATER FL 33761
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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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 **GEN. PARTNER**

Date: 4-14-03 Daytime Phone #: 727.787.3111

STAPLE CHECK HERE

CR2E003 (10/02)