
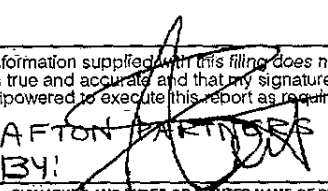


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000002251					
1. Entity Name RICF, LTD.					
Principal Place of Business 3400 NE 34TH ST., SUITE 101 FORT LAUDERDALE FL 33308			Mailing Address 3400 NE 34TH ST., SUITE 101 FORT LAUDERDALE FL 33308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0713935	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent RICHTER, SAM 3400 NE 34TH STREET #101 FT LAUDERDALE FL 33308			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 <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE	
9. Capital Contributions as Shown on record. \$2,412,500.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	GP9700000422		STREET ADDRESS		
NAME	AFTON PARTNERS		CITY-ST-ZIP		
STREET ADDRESS	3400 N.E. 34TH STREET				
CITY-ST-ZIP	FORT LAUDERDALE FL 33308				
DOCUMENT #	J98750		STREET ADDRESS		
NAME	V.F. SANCTUARY, INC.		CITY-ST-ZIP		
STREET ADDRESS	7777 GLADES ROAD, #300			000000347337	
CITY-ST-ZIP	BOCA RATON FL 33434			04/30/05-80112-007 535.00	
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: AFTON PARTNERS		BY: 		Date: 4/11/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER SAM RICHTER				Daytime Phone #: (954) 568-4118	



1ST MOORE CR2E003 (10/04)

STAPLE CHECK HERE