


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 APR 25 PM 12: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001293		
1. Entity Name RIVER FORK RANCH LIMITED PARTNERSHIP		

Principal Place of Business 615 N. COUNTY ROAD PALM BEACH, FL 33480	Mailing Address 1501 LANGFORD DRIVE WEST PALM BEACH, FL 33406
---	---



2. Principal Place of Business 1501 Langford Drive	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04172005 Chg-LP CR2E003 (10/03)

City & State West Palm Beach, FL		City & State	
Zip 33406-8727	Country	Zip	Country

4. FEI Number 65-0838328	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent	
WADDELL, C. WILLIAM 1501 LANGFORD DRIVE WEST PALM BEACH, FL 33406	

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. \$25,000,000.00	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 #	P98000046080	STREET ADDRESS	
NAME	RIVER FORK RANCH, INC.	CITY - ST - ZIP	300054348963 05/13/05--01003--010 **526.25
STREET ADDRESS	615 N. COUNTY ROAD	STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH, FL 33480	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: C. William Waddell C. William Waddell 4/20/05 561 845-2136  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE