2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

DOCUMENT # A9900000323					FILED
1. Entity Name IMPERIAL RIVER, LIMITED				2005	APR 26 PH 12: 29
Principal Place of Business Mailing Address			·	1 SEC	RETARY OF STATE AHASSEE, FLORIDA
5801 PELICAN BAY BOULEVARD, SUITE 300 5801 PELICAN BAY BOULEVAF NAPLES, FL 34108 NAPLES, FL 34108			D, SUITE 300	1700	AMAGGETTEGMEN
				 	71 FEN BEN FINEN IN 17 17 17 17 17 17 17 17 17 17 17 17 17
2. Principal Place of Business 3. Mailing Address 26811 South, Pay Jr. 26811 South			by Dr.		
Suite, Apt. #, etc.			100 0. .	04212005 Chg-LP	CR2E003 (10/03)
· · · · · · · · · · · · · · · · · · ·	Slike # 440 Slike # ó			4. FEI Number	Applied For
BONNERS SPINGS, FL BOMAN SPIN COU			PIFL	65-0898684	Not Applicable
3413	34134 SA 34134	·	ASV "	5. Certificate of Status Desired	Fee Required
Name and Address of Current Registered Agent			Name	7. Name and Address of New I	registered Agent
CECIL, W. JEFFREY ESQ 5801 PELICAN BAY BOULEVARD, SUITE 300			Street Address (P.O. Box Number is Not Acceptable)		
NAPLES, F	FL 34108				
			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 -	ons on registaried again.				
Signature, typed or printed name of registered agent and title if applicable. DATE					
9. Capital Contributions as Shown on record. \$135,000.00 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.	•		IANGES ONLY
DOCUMENT / NAME	ROSINUS, FRANZ J	STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	25151 PENNYROYAL DRIVE BONITA SPRINGS, FL 34134	CITY	-ST-ZIP		•
DOCUMENT #		STRE	EET ADDRESS		
NAME Street address		CITY	-ST-ZIP		
DOCUMENT /					
NAME		STRE	EET ADDRESS	100054	344191
STREET ADDRESS CITY-ST-ZIP		CITY	-ST-ZIP	100054 05/12/050107	'9812 ** 526.25
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MAME STREET ADDRESS			EET ADDRESS		
CITY-ST-ZIP			-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 fequired by Chapter 620, Florida Statutes					
Mail 21-05 (220) 0110 0000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daylore Phone #					
ROSINUS, Fremz					