


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A99000000323 1. Entity Name IMPERIAL RIVER, LIMITED	
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business 26811 SOUTH BAY DR., STE 240 BONITA SPRINGS, FL 34134	Mailing Address 26811 SOUTH BAY DR., STE 240 BONITA SPRINGS, FL 34134
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2. Principal Place of Business 26811 South Bay Dr. Suite, Apt. #, etc. # 350 City & State Bonita Springs, FL Zip 34134 Country USA	3. Mailing Address 26811 South Bay Dr. Suite, Apt. #, etc. # 350 City & State Bonita Springs, FL Zip 34134 Country USA
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03012006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0898684	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 CECIL W. JEFFREY ESQ 5801 PELICAN BAY BOULEVARD, SUITE 300 NAPLES, FL 34108
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7. Name and Address of New Registered Agent	
Name _____	
Street Address (P.O. Box Number is Not Acceptable) _____	
City _____	State 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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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	STREET ADDRESS	26811 South Bay Dr. # 350
STREET ADDRESS	25151 PENNYROYAL DRIVE	CITY-ST-ZIP	Bonita Springs, FL 34134
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	STREET ADDRESS	
DOCUMENT #	NAME	CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #	NAME	CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

300074660033
 05/16/06--01019--013 **500.00

14. I hereby certify that the information supplied with this filing 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 17 - 06 (239) 949-0990
Date Daytime Phone #

STAPLE CHECK HERE