

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

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000001230**

1. Entity Name  
**RIVERCHASE & COURTHOUSE SHADOWS  
 PROPERTIES, LTD.**



Principal Place of Business  
**28341 SOUTH TAMiami TRAIL, SUITE 1  
 BONITA SPRINGS, FL 34134**

Mailing Address  
**28341 SOUTH TAMiami TRAIL, SUITE 1  
 BONITA SPRINGS, FL 34134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112005

Chg-LP

CR2E003 (10/03)

4. FEI Number

**59-3592178**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WRIGHT, CHRISTINE F  
 4427 SE 16TH PLACE, #2  
 CAPE CORAL, FL 33904**

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

*By: [Signature] For: DIAG Mgmt. Inc. Title: VP*  
 Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
 as Shown on record.

**\$4,850,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**\$526.25**

**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 # **P99000021895**  
 NAME **DIAG MANAGEMENT, INC.**  
 STREET ADDRESS **28341 SOUTH TAMiami TRAIL, SUITE 1**  
 CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000000333503**  
**04/27/05-60005-020 526.25**

STAPLE CHECK HERE

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: *By: [Signature]*

**CHRISTINE F. WRIGHT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*For: RIVERCHASE & COURTHOUSE SHAD. PROPS. LTD*

*For: GEN. PARTNER*

Date

Daytime Phone #

**4/15/05 239-390-09**