



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A99000001230 1. Entity Name RIVERCHASE & COURTHOUSE SHADOWS PROPERTIES, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 19 AM 9:36
Chambers

Principal Place of Business 8881 Terrene Ct. Suite 104 Bonita Springs, FL 34135	Mailing Address P.O. Box 2311 Bonita Springs, FL 34133
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DO NOT WRITE IN THIS SPACE

	
04122006 No Chg-LP	CR2E003 (11/05)
4. FEI Number 59-3592178	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 WRIGHT, CHRISTINE F 4427 SE 16TH PLACE, #2 CAPE CORAL, FL 33904
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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>

300075380333
05/26/06 01052 009 **561.25

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00
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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 TAMAIMI TRAIL, SUITE 1
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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
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SIGNATURE: <i>Thomas J. Luke</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	DATE: 4/25/06 <small>DATE</small>	DAYTIME PHONE: 239.390.0991 <small>Daytime Phone #</small>
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STAPLE CHECK HERE