

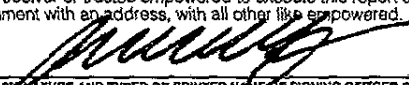


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000008699			
1. Entity Name RIVER OAKS RESERVE COMMERCIAL TRACT PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819		Mailing Address 5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819	
DO NOT WRITE IN THIS SPACE			
		03242004 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 04-3601974	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 MARTNI HOLDINGS VII, INC. 5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000116289 04/16/04-80057-025 61.25
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HODGE, RANDALL R 5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVTS TEAGUE, PAIGE A 7536 W. SANDLAKE ROAD ORLANDO, FL 32819		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		3/24/04 407-354-2200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	