2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A00000001341

1. Entity Name
RIVERVIEW ASSOCIATES LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 31 AM 9:39

Principal Place of Business	Mailing Address
27300 RIVERVIEW CTR. BLVD., #201 BONITA SPRINGS, FL 34134	27300 RIVERVIEW CTR. BLVD., #201 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

02162004 Chg-LP CR2E003 (10/03)

4. FEI Number: 59-3668091 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIVERVIEW ASSOCIATES, LLC 27300 RIVERVIEW CTR. BLVD., #201 BONITA SPRINGS, FL 34134	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 ______ Signature, typed or printed name of registered agent and title if applicable DATE

SW filed

9. Capital Contributions as Shown on record	7,721,531	10. Amount of Capital Contributions in FLORIDA to date.	7,721,531.00

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 #	L00000003681	STREET ADDRESS	400031857054
NAME	RIVERVIEW ASSOCIATES, LLC		
STREET ADDRESS	27300 RIVERVIEW CTR. BLVD., #201		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	04/06/04--01014--033 **526.25
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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: ______ 2/18/04 239-992-8940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #