

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
97 DEC 24 PM 3:15

1. Name of Limited Partnership RIVER OAKS ASSOCIATES LIMITED PARTNERSHIP	1a. DOCUMENT # A17196
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Mailing Address % 215 NORTH EOLA DRIVE ORLANDO FL 32801	Principal Office Address % 215 NORTH EOLA DRIVE ORLANDO FL 32801	3. Date Formed or Registered 06/08/1984	5a. Capital Contributions as Shown on record \$400.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 12/31/1996	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	6. FEI Number 05-0413325
		7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent FILDES, RICHARD J % LOWNDES, DROWNICK, DOSTER ET AL 215 N. EOLA AVE. ORLANDO FL 32802
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.105-1 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) PICERNE DEVELOPMENT PICERNE, ROBERT M	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1020 NORTH ORLANDO AV 247 North Westmonte Dr. 1020 NORTH ORLANDO AV 247 North Westmonte Dr.	11b. City, State & Zip Code WINTER PARK FL Altamonte Springs, FL 32714 WINTER PARK FL Altamonte Springs, FL 32714	11c. Registrar/Document Number G46246 200002394752--4 -01/03/98--01110--028 ****156.25 ****156.25
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 12-19-97

Robert M. Picerne

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number 407/772-0200

CR25003 (6/97)