

2001 UNIFORM BUSINESS REPORT (UBR)

020373 SP

DOCUMENT # A17196

1. Entity Name
RIVER OAKS ASSOCIATES LIMITED PARTNERSHIP

FILED

mf

01 FEB 12 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
% 215 NORTH EOLA DRIVE % 215 NORTH EOLA DRIVE
ORLANDO FL 32801 ORLANDO FL 32801

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
05-0413325 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FILDES, RICHARD J
% LOWNDES, DROWNICK, DOSTER ET AL
215 N. EOLA AVE.
ORLANDO FL 32802

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$400.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # **G46246**
NAME **PICERNE DEVELOPMENT CORPORATION OF FLORIDA**
STREET ADDRESS **247 NORTH WESTMONTE DR.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **PICERNE, ROBERT M**
STREET ADDRESS **247 NORTH WESTMONTE DR.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

STREET ADDRESS
CITY-ST-ZIP
300003718883--3
-02/19/01--01124--003
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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: **ROBERT M PICERNE** 2/7/01 407/772000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)