2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000539

FILED

02 APR 26 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000260980 AV

1. Entity Name

RIVERLAKE FINANCING PARTNERSHIP, LTD.

Principal Place of Business
% DARYL CRAMER & ASSOC.. P.A.
515 N. FLAGLER DR.. SUITE 910
WEST PALM BEACH FL 33401

Mailing Address
% DARYL CRAMER & ASSOC.. P.A.
515 N. FLAGLER DR.. SUITE 910
WEST PALM BEACH FL 33401

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DUE BY MAY 1, 2002

4. FEI Number 65-0733546 — Applied For / Not Applicable

5. Certificate of Status Desired XX — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DARYL CRAMER & ASSOCIATES, P.A.
515 N. FLAGLER DR., SUITE 910
WEST PALM BEACH FL 33401

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.

9. Capital Contributions as Shown on record. $1,750,000.00

10. Amount of Capital Contributions in FLORIDA to date. $1,750,000.00

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 #	P97000006070	STREET ADDRESS	
NAME	RIVERLAKE GENERAL PARTNER, INC.		
STREET ADDRESS	250 AUSTRALIAN AVE. SOUTH	CITY-ST-ZIP	
CITY-ST-ZIP	WEST PALM BEACH FL 33401-5010		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			

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

Riverlake General Partner, Inc.
By:

SIGNATURE: [illegible] LUCCHESE, Vice Pres. 22-04-02 905-882-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/01)