


FILED
Mar 27, 2006 08:00 AM
Secretary of State

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A97000000539

1. Entity Name
RIVERLAKE FINANCING PARTNERSHIP, LTD.



Principal Place of Business C/O HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD., STE. 310 WEST PALM BEACH, FL 33401	Mailing Address C/O HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD., STE. 310 WEST PALM BEACH, FL 33401
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01052006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0733546	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRIS CRAMER LLP
 1555 PALM BEACH LAKES BLVD., STE. 310
 WEST PALM BEACH, FL 33401**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

DOCUMENT #	P02000073058
NAME	RIVERLAKE FINANCING G.P., INC.
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., STE. 310
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
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CITY-ST-ZIP	

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 04/11/06-80053-006 508.75

STAPLE CHECK HERE

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Fabrizio Lucchese* **3/1/06** **905-882-1212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

By **Fabrizio Lucchese, Director**