


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:39

<b>DOCUMENT # A00000000877</b> 1. Entity Name RIVERWALK PLAZA, LTD.	
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Principal Place of Business 5111 RIDGEWOOD AVE., SUITE 300 PORT ORANGE, FL 32127	Mailing Address P.O. BOX 238071 PORT ORANGE, FL 32127
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 5111 South Ridgewood Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 300
City & State	City & State Port Orange, Florida
Zip	Country
32127	USA

**(A00000000877L)**

01112008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent  CLARK, ANDREW D 5111 RIDGEWOOD AVE., SUITE 300 PORT ORANGE, FL 32127	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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	13. ADDRESS CHANGES ONLY
DOCUMENT # M98199 NAME CLARK PROPERTIES CORPORATION STREET ADDRESS 5111 RIDGEWOOD AVE., SUITE 300 CITY-ST-ZIP PORT ORANGE, FL 32127	STREET ADDRESS CITY-ST-ZIP
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 03/26/08--01002--009 \*\*500.00

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:  DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SAMPLE CHECK HERE