2001 UNIFORM BUSINESS REPORT (UBR)				
DOCUMENT # A0000001341 1. Entity Name				- Deputy interpretation of the control of
RIVERVIEW ASSOCIATES LIMITED PARTNERSHIP				FILED
Principal Place of Business 3521 BONITA BAY BLVD. BONITA SPRINGS FL 34134		Mailing Address 3521 BONITA BAY BLVD. BONITA SPRINGS FL 34134		D1 APR 23 PM I2: 4 SECRETARY OF STATE
2. Principal Place of Business 27300 RIUERVIEW CTR. BLVD 27300 RI Sulfo, Apt. #, etc.			V1EW C7	
201 City & State		201 City & State		DO NOT WRITE IN THIS SPACE
BONT	7A SPRINGS FL	BONITA SPR	INUS, F	· · · · · · · · · · · · · · · · · · ·
341			Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required
	6Name and Address of Current R	legistered Agent	Name	7. Name and Address of New Registered Agent
RIVERVIEW ASSOCIATES, LLC				UERVIEW ASSOCIATES, LLC
3521 BONITA BAY BLVD.			Street A	t Address (P.O. Box Number is Not Acceptable) 300 RIVERVIEW C 7 R. BLVD
BONITA SPRINGS FL 34134				WITE ZUI
				UNITA SPRINGS, FL Zin Code, 34
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				
9. Capital Contributions 10. Amount of Capital Contributions 11. Make CHECK Payable To DEPT OF STATE				
as Shown on record. \$297,000 in FLORIDA to date. 297,000 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 # NAME	L0000003681 RIVERVIEW ASSOCIATES, LLC		STREET ADDRESS	S 27300 RIVERVIEW CTR.BLUD
STREET ADDRESS CITY-ST-ZIP	3521 BONITA BAY BLVD. BONITA SPRINGS FL 34134		CITY-ST-ZIP	BONITA S PRINGS, FL 34134
DOCUMENT # NAME			STREET ADDRESS	s
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	600004162176 0 -05/08/0101073015 ****526.25 *****526.25
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT # NAME			STREET ADDRESS	3
STREET ASCRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	·		CITY-ST-ZIP	
DOCUMENT # NAME	:	•	STREET ADDRESS	
STREET ADDRESS CITY-ST-7IP			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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

4-17-01

941-992-8940

Daytime Phone #