

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

U11888 AI

DOCUMENT # A01000000918

1. Entity Name
RIVER LENDERS II, LTD.



FILED

03 FEB 25 AM 8:56

SECRETARY OF STATE



Principal Place of Business
6823 VISTA PARKWAY NORTH
WEST PALM BEACH FL 33411

Mailing Address
6823 VISTA PARKWAY NORTH
WEST PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-1122760

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALPERIN, ELEANOR B ESQ.
1400 CENTREPARK BLVD., SUITE 1000
WEST PALM BEACH FL 33401

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

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

DATE

9. Capital Contributions as Shown on record. \$600,000.00

10. Amount of Capital Contributions in FLORIDA to date \$240,125

11. MAKE CHECK PAYABLE TO FL. 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 # P00000103016
NAME C.H. CONSULTING, INC.
STREET ADDRESS 6823 VISTA PARKWAY NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33411

STREET ADDRESS

CITY-ST-ZIP

02/24/03 01084 020 ***526.25

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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02/24/03 01084 020 ***526.25

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STREET ADDRESS

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2-20-03 561 968360

CR2E003 (10/02)