


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000001521 1. Entity Name RIVERPOINT OF ST. JOHNS, LLLP	
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Principal Place of Business 2021 ART MUSEUM DRIVE, SUITE 210 JACKSONVILLE, FL 32207	Mailing Address 2021 ART MUSEUM DRIVE, SUITE 210 JACKSONVILLE, FL 32207
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072005	Chg-LP	CR2E003 (10/03)
4. FEI Number 20-0267034		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANTONOPOULOS, MICHAEL 2021 ART MUSEUM DRIVE, SUITE 210 JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	FL Zip Code
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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.

9. Capital Contributions as Shown on record. \$900,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	H14270	STREET ADDRESS	
NAME	MCS DEVELOPMENT CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	2021 ART MUSEUM DRIVE, SUITE 210		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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 02/22/05-80036-007 \$26.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ 904
2/15/05 396 353A