


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 10 AM 10:31

DOCUMENT # A03000001521 1. Entity Name RIVERPOINT OF ST. JOHNS, LLLP					
Principal Place of Business 2021 ART MUSEUM DRIVE, SUITE 210 JACKSONVILLE, FL 32207			Mailing Address 2021 ART MUSEUM DRIVE, SUITE 210 JACKSONVILLE, FL 32207		
2. Principal Place of Business 115 Solana Road Suite, Apt. #, etc. Suite D		3. Mailing Address 115 Solana Road Suite, Apt. #, etc. Suite D		04042006 Chg-LP CR2E003 (11/05)	
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beach, FL		4. FEI Number 20-0267034	
Zip 32082		Country USA		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) 115 Solana Road Suite D Ponte Vedra Beach FL 32082	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	H14270		STREET ADDRESS	115 Solana Road, Suite D	
NAME	MCS DEVELOPMENT CORPORATION		CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
STREET ADDRESS	2021 ART MUSEUM DRIVE, SUITE 210				
CITY-ST-ZIP	JACKSONVILLE, FL 32207				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Michael Antonopoulos</u>			Date: <u>4/6/06</u> Daytime Phone #: <u>3963539</u>		

STAPLE CHECK HERE