

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 23 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A04000000992		
1. Entity Name THE RIVERA FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 26545 TRUJILLO DRIVE PUNTA GORDA, FL 33983	Mailing Address 26545 TRUJILLO DRIVE PUNTA GORDA, FL 33983
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03272007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-1309060	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 DRUMMOND, TEMPLE H ESQ 6325 JACQUELINE ARBOR DRIVE TEMPLE TERRACE, FL 33617	
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7. Name and Address of New Registered Agent	
Name <i>Temple H. Drummond, Esq.</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>40 Drummond Weble & Ross LLP</i>	
<i>328 West Bearss Avenue</i>	
City <i>Tampa</i>	Zip Code <i>FL 33613</i>

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 *Temple H. Drummond*, *Temple H. Drummond* DATE *3/28/2007*

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	
DOCUMENT #	P04000069367
NAME	RIVLOW, INC.
STREET ADDRESS	26545 TRUJILLO DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33983
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

100101442191
05/03/07--01055--024 **\$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: *[Signature]* 3/31/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE