


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # A05000001813 1. Entity Name RIVERVIEW GROVE, LTD.	
---	---

Principal Place of Business 10318 ORANGE GROVE DRIVE TAMPA, FL 33618	Mailing Address 10318 ORANGE GROVE DRIVE TAMPA, FL 33618
--	--



01082008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3615508	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 SHAFII, DSFANDIAR 10318 ORANGE GROVE DRIVE TAMPA, FL 33618

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
---	------------

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 #	
NAME	SHAFII, ESFANDIAR
STREET ADDRESS	10318 ORANGE GROVE DRIVE
CITY-ST-ZIP	TAMPA, FL 33618
DOCUMENT #	
NAME	SHAFII, MARIAN
STREET ADDRESS	10318 ORANGE GROVE DRIVE
CITY-ST-ZIP	TAMPA, FL 33618
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

0000000784388
01/16/08-80048-024 500.00

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: <i>Marian Shafii</i> MARIAN SHAFII 1/8/08 8139334681
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>
<small>Date Daytime Phone #</small>

STAPLE CHECK HERE