2000 UNIFORM BUSINESS REPORT (UBR)

A10159 DOCUMENT

1. Entity Name

THE RIVERS APARTMENTS, LTD.

Principal Place of Business 1002 W. 23RD ST., SUITE 400 PANAMA CITY FL 32405	Mailing Address 1002 W. 23RD ST., SUITE 400 PANAMA CITY FL 32405-3648	
2. Principal Place of Business	3. Mailing Address	<u> </u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED May 01, 2000 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2066111 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HENRY, ROBERT F., III Street Address (P.O. Box Number is Not Acceptable) 1002 W. 23RD ST . SUITE 400 PANAMA CITY FL 32405 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$0.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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.

GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 598978 DOCHMENT# STREET ADDRESS ROYAL AMERICAN DEVELOP. NAME 1002 W. 23RD ST. #400 STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHAPMAN, JOSEPH F., III 1002 W. 23RD ST. #400 STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS **44346.07 ****150.00 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 620, Florida Statutes