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	PARTNERSH SS REPORT	
DOCUMENT # 1. Entity Name THE RIVERS APARTMEN		
Principal Place of Business 1002 W. 23RD ST., SUITE 400	Mailing Address 1002 W. 23RD ST., SUITE 400	



2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number 59-2066111 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$0.00 in FLORIDA to date. as Shown on record. SEE REVERSE SIDE FOR FEE INFORMATION 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. DOCUMENT # STREET ADDRESS ROYAL AMERICAN DEVELOP. NAME 1002 W. 23RD ST. #400 STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP DOCUMENT # 200017913402 05/02/03--01085--006 ***45 STREET ADDRESS CHAPMAN, JOSEPH F., III NAME 1002 W. 23RD ST. #400 STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 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 ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT #

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 or trustee ampowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

Pippin, Asst. Sec. 4/28/03 (850)769-8981 SIGNATURÉ:

NAME STREET ADDRESS

CITY-ST-ZIP

CR2E003 (10/02)