
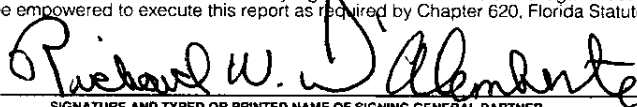


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

<b>DOCUMENT # A11964</b>					
1. Entity Name <b>RIVER JUNCTION APARTMENTS, LTD.</b>					
Principal Place of Business <b>225 RIVER ROAD EAST CHATTAHOOCHEE FL 32324</b>			Mailing Address <b>POST OFFICE BOX 66 CHATTAHOOCHEE FL 32324</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>59-2236253</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>D'ALEMBERTE, RICHARD W. 225 RIVER ROAD CHATTAHOOCHEE FL 32324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		<b>\$50,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>11. MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>					
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>D'ALEMBERTE, RICHARD W</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>275 NORTH BOLIVAR ST</b>				
CITY-ST-ZIP	<b>CHATTAHOOCHEE FL</b>				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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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 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 empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			Date _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone # _____		

**FILED**

**04 FEB 10 AM 11:15**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

  
**MOORE CR2E003 (11/03)** *2/10*

STAPLE CHECK HERE