2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT #A11964

1. Entity Name RIVER JUNCTION APARTMENTS, LTD.



FILED Jan 11, 2008 08:00 Al Secretary of State

Principal Place of Business

225 RIVER ROAD EAST CHATTAHOOCHEE, FL 32324 Mailing Address

POST OFFICE BOX 66 CHATTAHOOCHEE, FL 32324



DO NOT WRITE IN THIS SPACE

01082008 No Chg-LP

CR2E003 (12/06)

FEI Number
 59-2236253

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

D'ALEMBERTE, RICHARD W. 225 RIVER ROAD CHATTAHOOCHEE, FL 32324

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 Signature, typed or printed name of registered agent and title if applicable.		
Signature, typed or primed mains or registated again and date in approxime.		
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 STREET ADDRESS CITY-ST-ZIP	D'ALEMBERTE, RICHARD W 275 NORTH BOLIVAR ST CHATTAHOOCHEE, FL	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		U00000781347 01/15/08-80031-001 508.75

DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT /
NAME
STREET ADDRESS

DO NOT WRITE IN THIS SPACE

STREET ADDRESS
CITY-ST-ZiP
DOCUMENT /
NAME
STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME STREET ADDRESS CITY+ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Floride 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jan . 8 2009 850-663-2441