LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # A 11964 FILED) 1. Entity Name River Junction Apartments, LTD, 03 FEB 26 AM 10: 29 SECALTALITUS STATE TALLAHASSEE FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE <u>225 River</u> ROAD East Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1 City & State CHATTAhoochee, Florida City & State Applied For 59 -22362*53* Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32324 7. Name and Address of Current Registered Agent D'Alemberte Richard DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 225 RIVER ROAD East 8. The above named entity submits this statement the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signatur 9. Capital Contributions \$50,000. 08 10. Amount of Capital Contributions MAKE CHECK PAYABLE TO FL. DEPT. OF STATE in FLORIDA to date. 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 # D'Alemberte, Richard STREET ADDRESS NAME 275 North Bolivar ST P.O. Box 66 STREET ADDRESS 300013099773 CITY-ST-ZIP CITY-ST-ZIF HATTAhoochee, FL 32324 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # IN THIS SPACE STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-STZP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

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

ITY-ST-ZIF

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/24/03 850-663-2441