FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE \_\_1304-1/sd

LIMITED PARTNERSHIP ANNUAL REPORT 1997



Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a.

**DOCUMENT#** 

A14920

97 JAN -2 PM 1:18

SECRETARY OF STATE

				TALLA	aassee.	FLORIDA	
RIVERVIEW PROFESSIONAL CEN	TER, LTD.						
Mailing Address	Principal Office Address		3. Date	3. Date Formed or Registered 5a. C		Contributions as on record.	
			07/	20/1983	\$434,000.00		
				e of Last Report			
					5b. Amour	nt of Capital outions in FLORIDA	
0	T22 2/ / 2015 A L L		4. State	or Country of Formation	to date	DUITORS IN FLORIDA	
2. Mailing Address P O Box 49948	28. Principal Office Address 1830 South Tutt	ter T	FL \$434.000.00		000 00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6, FEIN	umber	Applied For Not Applicable			
City & State	City & State		59-			-1448674	
Sarasota, FL 34230	Sarasota, FL 3		cate of Status Desired	\$8.75 Additional			
Zip Country	Zip Country		R Make	Fee Required  8. Make check payable to Dept. of State (See reverse side for fee information)			
34230 USA	34239 USA <b>U</b> SA			O, and one payment of the control of			
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office					
	Name						
		Street Address (P.O. Box Number Is Not Acceptable)					
HANAN, Lewis							
1830 South Tuttle Avenue			Zig Code				
Sarasota, FL 34239			FL 34239				
agent   am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)		IMITED PA	RTNERS	HIP OR OTHE	R BUSIN		
11. Namo(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	Onstone		State & Zip Code	11c.	Registration/	
11. Kalledy or Box Carl artisty	(Do NOT Use Post Office Bo	ox Numbers)	<b>D.</b> ,,		+	Document Number	
Riverview Professional						85 82 82 83 83 83 83 83 83 83 83 83 83 83 83 83	
Center, Inc.	1830 South Tuttle	330 South Tuttle Ave   Sa		rasota, FL 34239		39  S	
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Note: General partners MAY NOT						·····	
<ol> <li>I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by chart</li> </ol>	Section 119.07(3)(k) in the event that the in partie shall have the same legal effects as	nformation supplied i	s deemed exemp I further certify th	it from public access. I furti lat I am a General Partner c	ner certify that the timited par	ne information indicated on their their trustee their trustee their trustee their trustees their tr	
SIGNATURE X	Affila	1.		DAT <u>E</u>	12/10	196	
David S. Band Direct Typed or Pfinted Name of General Partner Signing Form a	Elon ATVERV	yeu M	0 / 10.55 / Danie	onal Ce	11111-	196 r, Inc.,	
Typed or Philled Name of General Partner Signing Form 2	TIONIAN CINP	ei arwi	Daylin	a reseptions number	41/30	W-UHGO	