

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A17196

1. Entity Name
RIVER OAKS ASSOCIATES LIMITED PARTNERSHIP



FILED
2003 MAR -5 AM 11:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
**% 215 NORTH EOLA DRIVE
ORLANDO FL 32801**

Mailing Address
**% 215 NORTH EOLA DRIVE
ORLANDO FL 32801**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

DUE BY MAY 1, 2003

4. FEI Number **05-0413325**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FILDES, RICHARD J
% LOWNDES, DROWNICK, DOSTER ET AL
215 N. EOLA AVE.
ORLANDO FL 32802**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$400.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	G46246 PICERNE DEVELOPMENT CORPORATION OF FLORIDA 247 NORTH WESTMONTE DR. ALTAMONTE SPRINGS FL 32714
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PICERNE, ROBERT M 247 NORTH WESTMONTE DR. ALTAMONTE SPRINGS FL 32714
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600013549396 03/05/03--01055--015 **141.25
CITY-ST-ZIP	
STREET ADDRESS	
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: ~~SIGNATURE REQUIRED~~ ROBERT M. PICERNE 2/14/03 407-772-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE

CR05003 (10/02)