

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # A17229

1. Entity Name
RIVER ASSOCIATES, LTD.



Principal Place of Business
% CONTINENTAL PROPERTY SERVICES, INC.
444 SEABREEZE BLVD., SUITE 600
DAYTONA BEACH, FL 32118

Mailing Address
% CONTINENTAL PROPERTY SERVICES, INC.
444 SEABREEZE BLVD., SUITE 600
DAYTONA BEACH, FL 32118



01172008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2483149

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENKINS, PATRICIA S
444 SEABREEZE BLVD., SUITE 600
DAYTONA BEACH, FL 32118

**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

DATE _____

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 # **L01000014524**
NAME **ROLF H. GARDEY, L.L.C.**
STREET ADDRESS **444 SEABREEZE BLVD., SUITE 600**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

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000000890559
04/22/08-80099-021 500.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

STAPLE CHECK HERE