



2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

CK91109
FILED
Apr 30, 2007 08:00 AM
4/30/07 Secretary of State

DOCUMENT # A17668	
1. Entity Name RIVER PALMS MOBILE HOME PARK ASSOCIATION, LIMITED PARTNERSHIP	

Principal Place of Business 200 S. BANANA RIVER DRIVE MERRITT ISLAND, FL 32952	Mailing Address 8522 GOLFSIDE COMMERCE TWP, MI 48382
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
01162007	Chg-LP
CR2E003 (12/06)	
4. FEI Number 38-2538973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ROUSSEAU, SHANNON 200 S. BANANA RIVER DR. LOT C-4 MERRITT ISLAND, FL 32952	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P34614	STREET ADDRESS	U000000746751
NAME	DRS REALTY CO, INC.	CITY-ST-ZIP	05/16/07-80080-018 500.00
STREET ADDRESS	8522 GOLFSIDE DR.		
CITY-ST-ZIP	COMMERCE TWP., MI		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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, 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: <i>Betty Schenk</i>	<i>4/20/07 248-363-644</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>