

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

| | | | | | |
|--|---------------------------------|---------|---|---|--|
| DOCUMENT # A17712 | | | |  | |
| 1. Entity Name RIVERLAKE APARTMENTS, LTD. | | | | | |
| Principal Place of Business C/O DARYL CRAMER & ASSOC., P.A. 3801 PGA BLVD., SUITE 508 PALM BEACH GARDENS, FL 33410 | | | Mailing Address C/O DARYL CRAMER & ASSOC., P.A. 3801 PGA BLVD., SUITE 508 PALM BEACH GARDENS, FL 33410 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc | | | Suite, Apt. #, etc | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | | |
| 6. Name and Address of Current Registered Agent DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BLVD., SUITE 508 PALM BEACH GARDENS, FL 33410 | | | 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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small> | | | | | |
| 9. Capital Contributions as Shown on record \$2,300,000.00 | | | 10. Amount of Capital Contributions in FLORIDA to date. \$2,300,000.00 | | |
| 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 | | | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # | P97000006070 | | | STREET ADDRESS | |
| NAME | RIVERLAKE GENERAL PARTNER, INC. | | | CITY - ST - ZIP | |
| STREET ADDRESS | 3801 PGA BOULEVARD, SUITE 508 | | | | |
| CITY - ST - ZIP | PALM BEACH GARDENS, FL 33410 | | | | |
| DOCUMENT # | | | | STREET ADDRESS | |
| NAME | | | | CITY - ST - ZIP | |
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| 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. | | | | | |
| Riverlake General Partner, Inc. | | | | | |
| SIGNATURE: By:  MARUTS/04 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | | Date | |
| | | | | Daytime Phone # | |



03032004 Chg-LP CR2E003 (10/03)

4. FEI Number 04-2901055 Applied For Not Applicable

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

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 05/10/04-80042-001 535.00

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