

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN -5 AM 9:14

1. Name of Limited Partnership: **RIVER REACH LIMITED PARTNERSHIP**
1a. DOCUMENT # **A21446**



Mailing Address: **3003 TAMiami TRAIL NORTH
SUITE 400
NAPLES FL 34103**
Principal Office Address: **3003 TAMiami TRAIL NORTH
SUITE 400
NAPLES FL 34103**

2. Mailing Address: Suite, Apt. #, etc; City & State; Zip Country
2a. Principal Office Address: Suite, Apt. #, etc; City & State; Zip Country

3. Date Formed or Registered: **12/11/1985**
3a. Date of Last Report: **04/02/1998**
4. State or Country of Formation: **FL**
5a. Capital Contributions as Shown on record: **\$2,000,000.00**
5b. Amount of Capital Contributions in FL OR DA to date: **2,000,000.00**
6. FEI Number: **59-2629400**
7. Certificate of Status Desired: \$8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for information)

9. Name and Address of Current Registered Agent
**FLORA, TERRY
3003 TAMiami TRAIL N.
SUITE 400
NAPLES FL 34103**

10. If changed, new Registered Agent/Office
Name: _____
Street Address (P.O. Box Number Is Not Acceptable): _____
Suite, Apt. #, etc: _____
City: _____
Zip Code: **FL**

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
CMC DEVELOPMENT CORP	3003 TAMiami TRAIL	NAPLES FL	F13111

5 011010102775 81910121 - 51
- 01/28/98 - 11175 - 000
****520.25 ****520.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: *Terry L. Flora, V.P.* DATE: **12/30/98**
Typed or Printed Name of General Partner Signing Form: *Terry L. Flora* Daytime Telephone Number: **941-261-4455**

CR2E003 (8/98)