## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



MELBOURNE RIVERFRONT INVESTORS, LTD.

FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

Name of Limited Partnership

DOCUMENT # **A25132** 

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Mailing Address 1698 W. HILBISCUS BLVD. MELBOURNE FL 32901	Principal Office Address 1688 W. HILBISCUS BLVD. MELBOURNE FL 32901		<ol> <li>Date Formed or Registered</li> <li>09/04/1987</li> <li>Date of Last Report</li> <li>12/29/1995</li> </ol>	5a. Capital Contributions as Shown on record. \$109,662.50
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date.
Sulte, Apt. #, etc.	Syste, Apt. #, etc.		6. FEI Number 59-2878941	Applied For
ity & State	Cily & State	-	7. Certificate of Status Desired	Not Applicable  \$8.75 Additional
p Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·	\$8.75 Additional Fee Required of State (See reverse's de for fee inform
9, Name and Address of C	urrent Registered Agent		10. If changed, new Register	ed Agent/Office
EVANS, DANIEL A. 1688 W. HILBISCUS BLVD. MELBOURNE FL 32901		Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite. Apt #, etc.		
Oa. Pursuant to the provisions of sections 620 10	51 and 620 192, Florida Statules, the above-name	City	ted or registered under the laws of	FL Zip Code
for the purpose of changing its registered off agent i am familiar with, and accept the obling GNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	ice or registered agent, or both, in the State of Fic gations of section 620 192, Florida Statutes.  AT IS A CORPORATION, I	ed Imited partnership organia da. Such change was autho	urized by its general partner(s). The DATE	the State of Fiorida, submits this stater reby accept the appointment of registe
for the purpose of changing its registered off agent i am familiar with, and accept the obligation of the control of the contr	ice or registered agent, or both, in the State of Fic gations of section 620 192, Florida Statutes.	ed Imited partnership organia da. Such change was autho  LIMITED PARTN D ACTIVE WITI	urized by its general partner(s). The DATE	the State of Fiorida, submits this stater reby accept the appointment of registe
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for the purpose of changing its registered off agent I am familiar with, and accept the oblining the second of the	AT IS A CORPORATION, L UST BE REGISTERED AN  Address of Each Genera  11a. (Do NOT Use Post Office B.  1688 W. HILBISCUS BL)	LIMITED PARTN D ACTIVE WITI Partner (X Numbers) 11b.  WEL	DATE IERSHIP OR OTHE I THIS OFFICE. City, State & Zip Code  BOURNE FL 32901  BOURNE FL 32901	The State of Fiorida, submits this stater reby accept the appointment of registers.  R BUSINESS ENTITION Registration/