

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -8 PM 3: 05

1. Name of Limited Partnership
1a. DOCUMENT #
A25965

RDC POOLER LIMITED PARTNERSHIP



Mailing Address % RIVERPARK DEVELOPMENT CORPORATION 4300 N. UNIVERSITY DRIVE FORT LAUDERDALE FL 33351		Principal Office Address % RIVERPARK DEVELOPMENT CORPORATION 4300 N. UNIVERSITY DRIVE FORT LAUDERDALE FL 33351		3. Date Formed or Registered 02/19/1988	5a. Capital Contributions as Shown on record. \$4,803.75
2. Mailing Address 4300 N University Dr Suite, Apt. #, etc. A 106 City & State Ft Lauderdale Zip 33351		2a. Principal Office Address 4300 N University Dr Suite, Apt. #, etc. A 106 City & State Ft Lauderdale Zip 33351		3a. Date of Last Report 01/09/1997	5b. Amount of Capital Contributions in FLORIDA to date:
				4. State or Country of Formation FL	
				6. FEI Number 65-0032390	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent LEVINE, LAWRENCE A., ESQ. 4300 N. UNIVERSITY DRIVE FORT LAUDERDALE FL 33351	10. If changed, new Registered Agent/Office Name Levine Lawrence A Street Address (P.O. Box Number is Not Acceptable) 4300 N University Dr Suite, Apt. #, etc. A 106 City Ft Lauderdale FL Zip Code 33351
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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) CRESTVIEW SERVICE CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4300 N UNIVERSITY DR	11b. City, State & Zip Code FORT LAUDERDALE FL	11c. Registration/ Document Number L98163
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CR2E003 (12/97)

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

DATE

Typed or Printed Name of General Partner Signing Form

Lawrence A. Levine

Daytime Telephone Number