


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

FILED

97 JAN -3 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership RIVER CLUB APARTMENTS LIMITED PARTNERSHIP		1a. DOCUMENT # A26397	
Mailing Address C/O CFM PROPERTIES, INC. 160 CONCORD ROAD BILLERICA MA 01821		Principal Office Address C/O CFM PROPERTIES, INC. 160 CONCORD ROAD BILLERICA MA 01821	
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 05/11/1988	
		3a. Date of Last Report 01/03/1996	
		4. State or Country of Formation MA	
		5a. Capital Contributions as Shown on record. \$1,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number 04-2974193	
		<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)			



2/1/96

9. Name and Address of Current Registered Agent ROBBINS, R. JAMES JR. 101 EAST KENNEDY BOULEVARD SUITE 3700 TAMPA FL 33602		10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City State Zip Code	
		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) MCCANNON, CHARLES F. JR.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 160 CONCORD ROAD	11b. City, State & Zip Code BILLERICA MA	11c. Registration/Document Number

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 _____

Charles F. McCannon Jr. General Partner DATE **12-20-96**
CHARLES F. MCCANNON JR. (508) 663-0839

CR2E003 (6/96)