

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 APR 24 PM 12:41

1. Name of Limited Partnership

1a. DOCUMENT #  
**A29029**

**NORTH RIVER LIMITED PARTNERSHIP, I, A FLORIDA LI  
MITED PARTNERSHIP**

Mailing Address

P.O. BOX 1454  
BRADENTON FL 34206

Principal Office Address

P.O. BOX 1454  
BRADENTON FL 34206

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

10/10/1989

3a. Date of Last Report

12/04/1995

4. State or Country of Formation

FL

6. FEI Number

65-0154981

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

GRAVELY, JEFF  
4505 DOLPHIN LN.  
P.O. BOX 1454  
BRADENTON FL 34205

10. If changed, new Registered Agent/Office

Name

200002157342--1

Street Address (P.O. Box Number is Not Acceptable)

-04/28/97--01150--002

Suite, Apt. #, etc.

City

FL

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)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

GRAVELY, JEFF

4505 DOLPHIN LN.

PALMETTO FL

AMERSON, JIM

804 26TH AVE. W.

PALMETTO FL

AMERSON, GLENNA MARIE

804 26TH AVE. W.

PALMETTO FL

**REINSTATEMENT**

1997

(BR)

PENALTY-500.00  
AR 70.00  
6 VPR 103.75  
673.75

**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

Jeffrey D. Gravelly

Daytime Telephone Number

(941) 753-1616

CR2E003 (11/96)