## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## **FILED** Apr 23, 2007 08:00 All Secretary of State DOCUMENT # A29659 1. Entity Name RIVER PARK APARTMENTS, LTD. Principal Place of Business Mailing Address 731 VASSAR STREET 731 VASSAR STREET ORLANDO, FL 32804 ORLANDO, FL 32804 04132007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3006286 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEMETREE, PAUL A. DO NOT WRITE 731 VASSAR STREET ORLANDO, FL 32804 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION L12923 DOCUMENT # 000000727282 05/04/07-80041-009 500.00 RIVER PARK APARTMENTS, INC. NAME STREET ADDRESS 2211 RIVER PARK CIRCLE CITY-ST-ZIP ORLANDO, FL 152794 DOCUMENT # DEMETREE DEAN ROAD, INC. NAME STREET ADDRESS 3348 EDGEWATER DRIVE CITY-ST-ZIP ORLANDO, FL DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOÇUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP