

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN -5 AM 9:16

1. Name of Limited Partnership RIVER REACH PLAZA, LTD.		1a. DOCUMENT # A30259	
Mailing Address 3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES FL 33940 34103		Principal Office Address 3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES FL 33940 34103	
2. Mailing Address Suite, Apt. #, etc. City & State Zip 34103 Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip 34103 Country	



3. Date Formed or Registered 06/25/1990	5a. Capital Contributions as Shown on record \$10,000,000.00
3a. Date of Last Report 04/03/1998	5b. Amount of Capital Contributions in FLORIDA to date 2,875,960.⁰⁰
4. State or County of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number 65-0201915	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired	8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent COLLIER MANAGEMENT SERVICES, INC. 3003 TAMiami TRAIL NORTH, SUITE 400 ATTN: TERRY FLORA NAPLES FL-33940-34103		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL 34103	
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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) COLLIER MANAGEMENT SERVICES,	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3003 TAMiami TRAIL NO	11b. City, State & Zip Code NAPLES FL	11c. Registration Document Number L56855
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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 **12/30/98**
Typed or Printed Name of General Partner Signing Form: **Terry L. Flora** Daytime Telephone Number: **941-261-4453**

CR2E003 (8/98)