

2002 UNIFORM BUSINESS REPORT (UBR)

CU150524 AI

DOCUMENT # A30664
 1. Entity Name
RIVER OAKS PARTNERS LIMITED

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business: **RIVER OAKS R V RESORT
 RUSKIN FL 33570**
 Mailing Address: **2231 WHITFIELD PARK AVE.
 SARASOTA FL 34243
 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country

DUE BY MAY 1, 2002
 4. FEI Number: **65-0219851**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GRAVELY, JEFFREY D.
 3651 CORTEZ ROAD WEST
 SUITE 300
 BRADENTON FL 34210**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

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.
 SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$175,000.00**
 10. Amount of Capital Contributions in FLORIDA to date: _____
 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	GRAVELY, JEFFREY D. 3651 CORTEZ ROAD, WEST BRADENTON FL	STREET ADDRESS	4000004791474--8 -01/23/02--01050--005 ***526.25 ***526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	RITZENTHALER, LARRY J. 2231 WHITFIELD PARK AVE. SARASOTA FL	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: **1-14-02** Daytime Phone #: **941-758-0181**

CR2E003 (9/01)