

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015887 AT

DOCUMENT # A30664

1. Entity Name
RIVER OAKS PARTNERS LIMITED



FILED
03 JAN 14 PM 2:19
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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0219851**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GRAVELY, JEFFREY D. 3651 CORTEZ ROAD, WEST BRADENTON FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	RITZENTHALER, LARRY J. 2231 WHITFIELD PARK AVE. SARASOTA FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500010076455
CITY-ST-ZIP	01/14/03--01045--022 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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]* **General Partner 1-8-03**

Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date **1-8-03**

941-758-0181

CR2E003 (10/02)