

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO 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

96 DEC 11 AM 9:01

unth
12/13

1. Name of Limited Partnership RIVERSIDE GOLF INVESTMENTS, LTD.		1a. DOCUMENT # A30830
Mailing Address 111 RIVERSIDE AVENUE, SUITE 330 JACKSONVILLE FL 32202		Principal Office Address 111 RIVERSIDE AVENUE, SUITE 330 JACKSONVILLE FL 32202
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 11/21/1990		5a. Capital Contributions as Shown on record \$225,400.00
3a. Report 12/19/1995		5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL		
6. 59-3040315		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired		<input type="checkbox"/> \$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 SMITH & HULSEY 1800 FIRST UNION NATIONAL BANK TOWER 225 WATER STREET JACKSONVILLE FL 32202	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 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) MELNYK, STEVEN N.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 111 RIVERSIDE AVE., #	11b. City, State & Zip Code JACKSONVILLE FL 32202	11c. Registration/Document Number 400002030434--1 -12/17/96--01064--020 ****576.25 ****576.25
---	---	---	---

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

12/5/96

Typed or Printed Name of General Partner Signing Form

Steven N. Melnyk

Daytime Telephone Number

904-356-1000

CR2E003 (6/96)