DOCU	MENT # A3094	1			,	**		8
RIVER MANOR ASSOCIATES LIMITED PARTNERSHIP					SEGRETARY OF STATE  DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address 4182 LIVE OAK BLVD. 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445 DELRAY BEACH FL 33445				· <del></del>	02 APR -2 AM 10: 43			
		DELINI DELINITE GOTTO						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2002				
City & State		City & State			4. FEI Number	65-0235732	Applied For Not Applicable	e
Zip Country		Zip			5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent			
FELNER, JAY 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445				Street Address (P.O. Box Number is Not Acceptable)				-
								7
				City FL Zip Code				
SIGNATURE	named entity submits this statement for		egistere	ed office or registere	ed agent, or both	in the State of Florida.		
9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Cin FLORIDA to date				\$1,000			OR FEE INFORMATION	7
	A GENERAL PARTNER TH NOTE: General Partners MA	HAT IS A BUSINESS ENT Y NOT be changed on the	ITY M	UST BE REGIST ; an amendment	ERED AND AC	TIVE WITH THIS OFFIC to change a general pa	CE. artner.	7
12.	GENERAL PARTNER <b>F93000000695</b>		13.			ADDRESS CHANGES OF		
NAME	JF PROPERTIES CORP		STRE	ET ADDRESS			*	CR2E003 (9/01)
STREET ADDRESS CITY-ST-ZIP			сіту-	-ST-ZIP				
DOCUMENT # NAME				ET ADORESS	BL'I			٩
STREET ADDRESS CITY-ST-ZIP	S ,			ST-ZIP				7
DOCUMENT <b>#</b> NAME			STRE	ET ADDRESS				7
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	10	10005236 -04/10/021	3412	
DOCUMENT # NAME			STREE	ET ADDRESS			****141.25	
STREET ADDRESS CITY-ST-ZIP	1.16.77 7 d s			ST-ZIP				1
DOCUMENT # NAME			STREE	T ADDRESS				1
STREET ADDRESS CITY-ST-ZIP	s			ST-ZIP				
DOCUMENT # NAME	77. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		STREE	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP				ST-ZIP				
indicated the receiv	ertify that the information supplied with the on this report is true and accurate and the or trustee empowered to execute this.	his filing does not qualify for the nat my signature shall have the report as required by Chapter	e exeme same	nption stated in Sec legal effect as if ma lorida Statutes	tion 119.07(3)(i), ade under oath; th	Florida Statutes. I further ce at I am a General Partner o	rtify that the information f the limited partnership or	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

3/6/02 Date

(847) 432-3666