


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 13 AM 10:59

<b>DOCUMENT #A30941</b> 1. Entity Name RIVER MANOR ASSOCIATES LIMITED PARTNERSHIP	
---	---

Principal Place of Business 4182 LIVE OAK BLVD. DELRAY BEACH, FL 33445	Mailing Address 4182 LIVE OAK BLVD. DELRAY BEACH, FL 33445
--	--

**DO NOT WRITE IN THIS SPACE**



02022006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0235732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FELNER, JAY 4182 LIVE OAK BLVD. DELRAY BEACH, FL 33445
---

**DO NOT WRITE IN THIS SPACE**

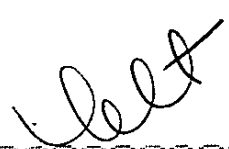
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
---	------------

<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>	
--	--

**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 #	F93000000695
NAME	JF PROPERTIES CORP
STREET ADDRESS	600 CENTRAL AVE., #365
CITY-ST-ZIP	HIGHLAND PARK, IL 60035
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

  
900068093639  
03/20/06--01015--007 \*\*500.00  
**DO NOT WRITE IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 exercise this report as required by Chapter 620, Florida Statutes

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Nathan Wagner, Treasurer	3/10/06	847-432-3666
	Date		Daytime Phone #

STAPLE CHECK HERE