2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

SIGNATURE:

DOCUMENT # A30952 1. Entity Name RIVERVIEW APARTMENTS ASSOCIATES LIMITED PARTNERS HIP					O3 APR IC D			AT
Principal Plac 4182 LIVE OAI DELRAY BEAC		Mailing Address 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445			O3 APR 16 PM 4:00 TALEATTASSEE FINANCE			T i
2. Principal P	Place of Business	3. Mailing Address				<u> </u>	ii: 0,011 9101 0,011 9101 11	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003			\neg
City & Stat	te	City & State			4. FEI Number 65-023	5735	Applied For	
Zip Country		Zip Country		ntry	5. Certificate of Status De		\$8.75 Additional	872455
	6. Name and Address of Current	Pegistered Agent	<u> </u>	<u> </u>	7. Name and Address of			一 第
FELNER, JAY A30952 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445				Name Street Address (I				
····				City		FL	Zip Code	
	inamed entity submits this statement for tions of registered agent.	r the purpose of changing its Um toky Francis III Cons		ed office or registere			<u> </u>	
SIGNATUŖE -	Signature, typed or printed name of registered agent a	and title if applicable.			(機制計算器)開発器	INTERNATE AND THE PROPERTY OF		
9. Capital Co as Shown		10. Amount of Capit in FLORIDA to o		butions 124, 9			to fl. dept. of stat fee information	řŧ
	A GENERAL PARTNER T				ERED AND ACTIVE WIT	HTHIS OFFICE.		7
12.	NOTE: General Partners MA GENERAL PARTNER		ne torm			e a general part SS CHANGES ONL		
DOCUMENT #	F9200000904 NW PROPERTIES CORP	THI OTHER TOP	_	EET ADDRESS	ACCOUNT.	33-01 MACS ONE	1, :	CR2E003 (10/02)
STREET ADDRESS City-St-Zip	600 CENTRAL AVE., #365 HIGHLAND PARK IL 60035		СПҮ	CiTY-ST-ZIP				ZE003
NAME : '	YAI		STRE	STREET ADDRESS			5	
STREET ADDRESS	OAK, BLVD. EACH FL 32445		CITY	'-ST-ZIP	1000	16109;	 211	
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STREET ADDRESS City-St-Zip	F9200000304			'-ST-ZIP		•		
OCUMENT A GOO CENTRAL AVE., #365 HIGHLAND PARK IL 50035			STRE	TREET ADDRESS				
STREET ADDRESS (CITY-ST-ZIP	ET AUDITESS			-ST-ZIP				}
14. I hereby of indicated	certify that the information supplied with on this report is true and accounte and yet or trustee empowered to execute this	this filing does not qualify fo that my signature shall have	the exerter 620	mption stated in Sec e legal effect as if m	ction 119.07(3)(i), Florida Sta ade under oath; that I am a	tutes. I further certif Seneral Partner of the	fy that the information he limited partnership) o or

Robert U. Goldman, V.P. 3/25/03

Date

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(847) 432-3666

Daytime Phone #