FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1007



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

1991	DIVISION OF C	ORPORATIO	NS	97 APD 10					
1. Name of Limited Partnership	1a. DOCUM A31392					.97 APR 10 AM 10: 06			
RIVERCHASE, LTD.									
Mailing Address 3003 TAMIAMI TRAIL NORTH NAPLES FL 33940	Principal Office Address 3003 TAMIAMI TRAIL NORTH NAPLES FL 33940			3. Date Formed or Registered 04/05/1991 38. Date of Last Report		58. Capital Contributions as Shown on record.			
2. Mailing Address	28. Principal Office Address			04/02/1996 4. State or Country of Formation	to dat				
				FL.	\$2,09	0,651.00			
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			6. FEI Number 65-0253758	Applied For Not Applicable				
City & Graid	Ony to blutte			7. Certificate of Status Desired		\$8.75 Additional Fee Required			
Zip Country	Zip	Country	-	8, Make check payable to: Dept. of	State (See reve				
9. Name and Address of Curren	t Registered Agent			10. If changed, new Registere	d Agent/Office				
COLLIER MANAGEMENT SERVICES, INC. 3003 TAMIAMI TRAIL NORTH		Name Street Address (P.O. Box Number Is Not Acceptable)							
							NAPLES FL 33940	Suite, Apt. #, etc.	
		City			FI	Zip Code			
the purpose of changing its registered office or regi- l am familiar with, and accept the obligations of sec SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS	IS A CORPORATION, T BE REGISTERED AT	LIMITED	PART	DATE NERSHIP OR OTHE					
11. Name(s) of General Partner(e)	11a. Address of Each Gene	ral Partner Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number			
COLLIER MANAGEMENT SERVICES,	3003 TAMIAMI TRAIL N.		NAF	NAPLES FL		L56855			
				800002 -04/15 *****	1 4 4 6 79701 41.25	0086 086005 ****541.25			
	do	5C	541	. <i>3</i> 5					
Note: General partners MAY NOT	be changed on this for	m; an am	endmer	nt must be filed to ch	ange a g	eneral partne			
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with annual report is true and accurate and that my signal empowered to execute this report as required by chapter.	a Section 119.07(3)(k) in the event that the ure shall have the same legal effects as if r pter 620. Florida Statutes.	Information supp nade under oath	olied is deeme i. I further cert	d exempt from public access. I furthe fy that I am a General Pertner of the	r certify that the	Information Indicated o			
SIGNATURE	my 2. 3pm	UP		DATE	4/71	17			
Typed or Printed Name of General Partner Signing Form	Torry I. Flore			Daytime Telephone Number	941.26	1.4455			