

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # A31618

1. Entity Name
RIO VISTA PARTNERS, LTD.



Principal Place of Business

ATTN: JOSEPH A. ROTH
1617 RIDGEWOOD AVENUE, SUITE G
HOLLY HILL, FL 32117

Mailing Address

ATTN: JOSEPH A. ROTH
1617 RIDGEWOOD AVENUE, SUITE G
HOLLY HILL, FL 32117

DO NOT WRITE IN THIS SPACE



01092008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3075115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, JOSEPH A
1617 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117

**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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 # S10082
NAME RIO VISTA OFFICE CNTR, INC
STREET ADDRESS 1617 RIDGEWOOD AVE., #G
CITY-ST-ZIP HOLLY HILL, FL

DOCUMENT # M81591
NAME JOSEPH A ROTH P.A.
STREET ADDRESS 1617 RIDGEWOOD AVE
CITY-ST-ZIP HOLLY HILL, FL 32117

DOCUMENT # L80815
NAME FRAZER=BERNER ADVERTISING INC
STREET ADDRESS 1615 RIDGEWOOD AVE
CITY-ST-ZIP HOLLY HILL, FL 32117

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000823567
02/20/08-80044-012 500.00

**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 execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Joseph A. Roth **JOSEPH A. ROTH** 2-7-08 386-677-3104

STAPLE CHECK HERE