FILE ON OR BEFORE APRIL 8,1998 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A94000000366

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 APR 15 AM 10: 01



P.O. BOX 547816 ORLANDO FL 32804 38. Date of Last Report 01/08/1997 4. State or Country of Formation FL Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. City & State To Country To Co	RIVER POINTE PARTNERS, L	.TD.		T LOBERALL YOLD SEVEL OLDERY CONTROL	BOAN OORN COMA BOAN OOND CIFFE ONNE BIN HRUC	
38. Date of Last Report O1/08/1997 2. Mailing Address 28. Principal Office Address 28. Principal Office Address 5. FL 4. State of Country of Formation FL 5. FEI Number 6. Per Number 6. FEI Numb	P.O. BOX 547816 400 LAKEVIEW STREET			1 -	Contributions in FLORIDA	
28. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State To Country To Co						
City & State To Country Country Country To Country To Certificate of Status Desired To State (See reverse side for feet to Country) Name Name SMITH, DAVID A 400 LAKEVIEW STREET ORLANDO FL 32804 Suite, Apl. #, etc. City To the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby secept the appointment of agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS E MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 118. (Jo NO1 Use Post Office Box Numbers) 119. City, State & Zip Code 110. City, State & Zip Code 110. City, State & Zip Code 1110. City, State & Zip Code 1111. City, State & Zip Code 1112. City State & Zip Code 1113. City, State & Zip Code 1143. City State & Zip Code 115. City State & Zip Code 116. City State & Zip Code 117. City State & Zip Code 118. City State & Zip Code 119. City State & Zip Code 110. City State & Zip Code 110. City State & Zip Code 110. City State & Zip Code 1110. City State & Zip Code 1110. City State & Zip Code 11110. City State & Zip Code 11110. City State & Zip Code	2. Mailing Address	28. Principal Office Address		· ·		
Tourity State Tourity Tourit	Suite, Apt. #, etc.	Suite, Apt. #, etc.		,	Applied For	
Pursuant to the provisions of sections 620 1051 and 620, 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits the for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of agent. I am familier with, and accept the obligations of section 620, 192, Florida Statutes. 10a. Pursuant to the provisions of sections 620 1051 and 620, 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of agent. I am familiar with, and accept the obligations of section 620, 192, Florida Statutes. Signature (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS E MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. (No NO) Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registrat Document Numbers)	City & State	City & State	City & State		☐ Not Applicable ☐ \$8.75 Additional	
SMITH, DAVID A 400 LAKEVIEW STREET ORLANDO FL 32804 Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. Oity ****526.** Oity ****526.** Figure 1. I am familier with, and accept the obligations of section 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of agent. I am familier with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS E MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registrat Document Numbers	Zip Country	Zip	Zip Country		Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City *****\$26, ************************************	9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
ORLANDO FL 32804 Suite, Apt. #, etc. City *****526. City ******526. City ******526. City ***********************************	400 LAKEVIEW STREET		Name			
City ****526, ******526. 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS E MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (ID NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registrat Document Numbers			Street Address (P.O. Box Number is Not Acceptable)			
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	MU	ST BE REGISTERED AI	ND ACTIV	E WITH THIS OFFICE.		
BANANA RIVER CORPORATION 400 LAKEVIEW STREET ORLANDO FL 32804 P9400002222	11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	11c. Document Number	
Oly.	BANANA RIVER CORPORATION	400 LAKEVIEW STREET		ORLANDO FL 32804	P94000022229	
;					Offst	
Note: General partners MAY NOT be changed on this form: an amendment must be filed to change a general partners.						

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE .

PAULO

nhone Number (407) 349 - 4360