

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN 28 AM 11:04

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001296

RIVERTREE LANDING ASSOCIATES, LTD.

Mailing Address
**2105 HOWELL BRANCH ROAD
MAITLAND FL 32751**

Principal Office Address
**2105 HOWELL BRANCH ROAD
MAITLAND FL 32751**

3. Date Formed or Registered
09/26/1994

5a. Capital Contributions as
Shown on record.
\$637,000.00

3a. Date of Last Report
05/28/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation
FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number
59-3283663

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

MURPHY, JOHN J
1984 HOWELL BRANCH RD., SUITE 106
WINTER PARK FL 32789
2105 HOWELL Branch Rd.
MAITLAND FL 32751

10. If changed, new Registered Agent/Office

Name **THOMAS V. INFANTINO**
MURPHY, John J.
Street Address (P.O. Box Number is Not Acceptable) **2105 HOWELL BRANCH RD.**
Suite, Apt. #, etc. **180 So. Knowles Ave**
City **Winter Park** FL Zip Code **32789**
MAITLAND

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 statement 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 registered agent, or partner, with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Required Agent)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

**Southern Apartment
Specialists, INC**

2105 Howell Branch Rd

MAITLAND FL 32751

P94000034118
P95000065296

500002000595--3
-02/06/97--01100--007
*******576.25 *****576.25**

(amendment already filed)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing 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 empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

John Murphy

Daytime Telephone Number

407-678-2900