2001	IUNI	FORM BUS	INESS REPO	RT	(UBR)	•		
DOCU 1. Entity Nam		# A940 0	0001296	رزنس	1 7 7 1 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1			
RIVERTRI	ee landin	G ASSOCIATES, LTD.		~	. ~	FILED		
Principal Place of Business Mailing Address					01	JUN -4 PA	112: 22	
1075 W. MORS Winter Park		•	1075 W. MORSE BLVD. WINTER PARK FL 32789			NETARY OF S AHASSEE FI		
2. Principal Place of Business 3. Mailing Address 3.348 EDGEWATER Suite, Apt. #, etc. 3. Mailing Address 3.348 EDGEWATER Suite, Apt. #, etc.					VE	- - -	DO NOT WRITE IN THIS S	
City & State		DA	City & State ORLANDO, FLORIDA			4. FEI Number	59-3283663	Applied For Not Applicable
32804 U.S.A. 328			32804	Country U.S.A.			r Status Desired	\$8.75 Additional
	6. Name	and Address of Current	Registered Agent	-	Name	7. Name and A	Address of New Registered A	gent
INFANTINO, THOMAS V 180 SOUTH KNOWLES AVE, SUITE 7 WINTER PARK FL 32789					WILLIAMS, WARREN E. Street Address (P.O. Box Number is Not Acceptable) 28 WEST CENTRAL BLVD., SUITE 400 City Canada Street Address (P.O. Box Number is Not Acceptable) FL 32801e			
								₹jnCode
9 The shows	named antit	u aub dia thir al campatión	CHANGE AND	roofstor			, in the State of Florida.	152001
8. The above	named entit	y submits this trateched rio	THE DIPPOSES CITARGING	9898	So dill Gol register	red agent, or both	, in the state of Fishida.	
SIGNATURE					•		5-31-0	<u> </u>
9. Capital Co	Signature, type of	or printed dame of registered gent a	10. Amount of Capit		d Agent signature required	d when reinstating)	11. MAKE CHECK PAYABLE	TO DEPT OF STATE
 Capital Col as Shown or 		\$637,000.00	in FLORIDA to d	ar Contin late	\$578,1	178.00	SEE REVERSE SIDE FOI	
	A	GENERAL PARTNER T	HAT IS A BUSINESS EN	TITY M	UST BE REGIS	TERED AND AC	TIVE WITH THIS OFFICE	
12.	NOTE	GENERAL PARTNER		13.	; an amendiner	it must be med	to change a general part ADDRESS CHANGES ONL	
DOCUMENT # NAME	F00000002329 FRANCHISE VENTURES.COM, INC.			STRE	EET ADDRESS	1.3.0.000		
TREET ADDRESS 180 SOUTH KNOWLES AVENUE, WINTER PARK FL 32789			SURE 7		-ST-ZIP			
DOCUMENT #					EET ADDRESS	ORESS 200044214722 -06/15/0101010011		
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NAME STREET ADDRESS					EET ADDRESS		- ····	
CITY-ST-ZIP					- ST- ZIP			
14. I hereby of indicated	certify that the	e information supplied with	this filing does not qualify for that my signature shall have	the exe	mption stated in Se e legal effect as if r	ection 119.07(3)(i) made under oath;	, Florida Statutes. I further cert that I am a General Partner of	ify that the information the limited partnership o

SIGNATURE: