FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO 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 #

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	7940	A9400001356					
RIVERSIDE GOLF IN	VESTMENTS, LTD. III					ja: :	
			3 Date	1) 2 /		tal Contributions as	
Mailing Address	Principal Office Ad	Principal Office Address		3. Date Formed or Registered		5a. Capital Contributions as Shown on record	
111 RIVERSIDE AVENUE. SUITE 330 JACKSONVILLE FL 32202	111 RIVERSIDE (JACKSONVILLE)	avenue, suite 330 Fl 32202	10/05/1994 3a. Date of Last Report 12/11/1996		\$70,000.00 5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal O	ffine Address	<u>-</u>	or Country of Formation	Cont to da	ont of Capital ributions in FLORIDA to	
Z. Mailing Address	Za. Philosparo	IIICU ACICIOSS	FL				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6, FEI Number 59-3276231		Applied For	
City & State			7. Certificate of Stalus Desir			Not Applicable \$8.75 Additional Fee Required	
Zip Country	Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information				
O Name and	Address of Current Registered Agent		10	If changed, new Registo	rod Apont/Office		
SMITH HULSEY & BUSEY 225 WATER STREET, SUITE JACKSONVILLE FL 32202	1800	Stroct Address Suite, Apt. #, etc		1 30/40 010117 -12/2	9 3 1 3 1 3 3,497==0	2438 1095012	
for the purpose of changing its agent. I am familiar with, and ac sIGNATURE (Registered Agent Acceptin	NER THAT IS A CORPO MUST BE REGIST	City City	o organized or rej vas authorized by \RTNERS WITH TH	gistered under the laws o its general partner(s). Th DAT	FL the State of Florereby accept the	Zip Code ida, submits this statement appointment of registered	
tor the purpose of changing its agent. I am familiar with, and ac SIGNATURE (Registered Agent Acceptin	registered office or registered agent, or both coopt the obligations of section 620.192, Floring Appointment). NER THAT IS A CORPO MUST BE REGIST 11a. (Do NO)	City cs, the above named limited partnershin, in the State of Florida. Such change virida Statutes. RATION, LIMITED PARED AND ACTIVE ess of Each General Partner	p organized or re vas authorized by ARTNERS WITH TH	pistered under the laws o its general partner(s). Th DAT SHIP OR OTH IS OFFICE. State & Zip Code	FL The State of Flor proby accept the ER BUSI	Zip Code ida, submits this statement appointment of registered NESS ENTITY Registration/	
for the purpose of changing its agent. I am familiar with, and ac SIGNATURE (Registered Agent Acceptin A GENERAL PARTN 11. Name(s) of General Partner(s	registered office or registered agent, or both coopt the obligations of section 620.192, Floring Appointment). NER THAT IS A CORPO MUST BE REGIST 11a. (Do NO)	City Description of Florida. Such change virial Statutes. RATION, LIMITED PARENT AND ACTIVE Use Post Office Box Numbers) SIDE AVENUE,	ARTNERS WITH TH JACKSONVI	DATE OF CODE SHIP OR OTH IS OFFICE. State & Zip Code	FL The State of Florereby accept the ER BUSI 11c.	Zip Code ida, submits this statement appointment of registered NESS ENTITY Registration/ Document Number	

this annual report is true and occurate empowered to execute this report as to

SIGNATURE -

Daytime Telephone Number