2007 LIMITED PARTNERSHIP ANNUAL REPORT-

DOCUMENT # A95000000668

1. Entity Name

RIVER FALLS LIMITED, A LIMITED LIABILITY LIMITED PARTNERSHIP



FILED Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business

7 COVE VIEW CT. COCOA BEACH, FL 32931 Mailing Address

7 COVE VIEW CT. COCOA BEACH, FL 32931



03262007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3345260

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GAL, JOHN S 7 COVE VIEW CT. COCOA BEACH, FL 32931

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, 2007, 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.

1	12.	GENERAL PARTNER INFORMATION	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GAL, JOHN S 7 COVE VIEW CT. COCOA BEACH, FL 32931	
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	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT / NAME STREET ADDRESS		

DO NOT WRITE

14. (hereby certify that the information supplied with this filling 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:

TO HU S. CAL

11/07

32*1-78*-4343

Daytime Phone