

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000000668

**FILED**  
**Jul 24, 2008**  
**Secretary of State**

**Entity Name:** RIVER FALLS LIMITED, A LIMITED LIABILITY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

7 COVE VIEW CT.  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

7 COVE VIEW CT.  
COCOA BEACH, FL 32931

**New Mailing Address:**

**FEI Number:** 59-3345260      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:  
Name: GAL, JOHN S  
Address: 7 COVE VIEW CT.  
City-St-Zip: COCOA BEACH, FL 32931

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN S GAL

GP

07/24/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date