

**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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN -2 AM 9:09**



1. Name of Limited Partnership RIVER ISLANDS BUILDERS, LTD.	1a. DOCUMENT # A95000002063
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Mailing Address: C/O RIVER ISLANDS, INC. 1540 LATHAM RD. WEST PALM BEACH FL 33409	Principal Office Address: C/O RIVER ISLANDS, INC. 1540 LATHAM RD. WEST PALM BEACH FL 33409
2. Mailing Address 4300 Catalfumo Way Suite, Apt #, etc.	2a. Principal Office Address 4300 Catalfumo Way Suite, Apt #, etc.
City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL
Zip 33410	Zip 33410

3. Date Formed or Registered 01/01/1996	5a. Capital Contributions as Shown on record. \$10,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date 10,000.00
4. State or Country of Formation FL	6. FEI Number 65-0634680 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 RIVER ISLANDS, INC. 1540 LATHAM ROAD WEST PALM BEACH FL 33409	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 4300 Catalfumo Way Suite, Apt. #, etc. City Palm Beach Gardens FL Zip Code 33410
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. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.	
SIGNATURE (Registered Agent Accepting Appointment) <i>[Signature]</i> 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) RIVER ISLANDS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1540 LATHAM ROAD	11b. City, State & Zip Code WEST PALM BEACH FL 33	11c. Registration/Document Number P94000019809
<p>400002054194--8 -01/10/97--01078--004 ****217.50 ****217.50</p>			

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

[Signature]

DATE

12/31/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number