

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID 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 MAR 12 AM 10:47



1. Name of Limited Partnership

1a. DOCUMENT #  
A96000000681

RIVERMONT HOUSE, LTD.

Mailing Address

100 S.E. 2ND STREET, SUITE 1220  
MIAMI FL 33131

Principal Office Address

100 S.E. 2ND STREET, SUITE 1220  
MIAMI FL 33131

3. Date Formed or Registered

04/09/1996

5a. Capital Contributions as  
Shown on record.

\$100.00

3a. Date of Last Report

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

FL

2. Mailing Address

100 SE 2nd St. Ste. 120

Suite, Apt. #, etc.

Miami, Florida

City & State

33131

Zip

Country

2a. Principal Office Address

100 SE 2nd St. Ste. 120

Suite, Apt. #, etc.

Miami, Florida

City & State

33131

Zip

Country

6. FEI Number

65-0715425

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

CARRFOUR CORPORATION  
100 S.E. 2ND STREET, SUITE 1220  
MIAMI FL 33131

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

400002111794--6

03/12/97-0112-001

\*\*\*156.25 \*\*\*156.25

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)

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)

CARRFOUR CORPROATION

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

100 S.E. 2ND STREET,

11b. City, State & Zip Code

MIAMI FL 33131

11c. Registration/  
Document Number

N93000000642

al  
3-12

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

DATE 3-6-97

Typed or Printed Name of General Partner Signing Form

MARIA S. Pellerin

Daytime Telephone Number

(301) 347-4005

CR2E003 (11/96)