

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

FILED

98 MAR -3 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership RIVERMONT HOUSE, LTD.	1a. DOCUMENT # A96000000681 <i>98-AR-kus CM</i>
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Mailing Address 100 S.E. 2ND STREET, SUITE 120 MIAMI FL 33131	Principal Office Address 100 S.E. 2ND STREET, SUITE 120 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 03/12/1997	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	4. State or Country of Formation FL	6. FEI Number 65-0715425 <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 CARFOUR CORPORATION 100 S.E. 2ND STREET, SUITE 1220 MIAMI FL 33131	10. If changed, new Registered Agent/Office Name CARFOUR CORPORATION Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND Street, Suite 1220 Suite, Apt. #, etc. City Miami, Florida
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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) CARFOUR 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 N93000000682
800002456748-1 -03/13/98--01073--011 ****150.00 ****150.00			

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 _____