



FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR 26 PM 1:19 	
1. Name of Limited Partnership RIVERMONT HOUSE, LTD.		1a. DOCUMENT # A96000000681			
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 3a. Date of Last Report 03/03/1998 4. State or Country of Formation FL 5a. Capital Contributions as Shown on record \$100.00 5b. Amount of Capital Contributions in FLORIDA to date \$8.75 Additional Fee Required	
2. Mailing Address 200 SE 1st Street Suite, Apt. #, etc. Suite 704 City & State Miami, FL 33131 Zip Country		2a. Principal Office Address 200 SE 1st Street Suite, Apt. #, etc. Suite 704 City & State Miami, FL 33131 Zip Country		6. FEI Number 65-0715425 <input type="checkbox"/> Applied For <input checked="" 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 CARRFOUR CORPORATION 100 S.E. 2ND STREET, SUITE 120 MIAMI FL 33131		10. If changed, now Registered Agent/Office Name CARRFOUR CORPORATION Street Address (P.O. Box Number Is Not Acceptable) 200 SE 1st Street Suite, Apt. #, etc. Suite 704 City MIAMI FL Zip Code 33131	
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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) CARRFOUR CORPROATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) - 100 S.E. 2ND STREET, - 200 SE 1st Street	11b. City, State & Zip Code MIAMI FL 33131	11c. Registration/Document Number N93000000642
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 4-29-99

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 
 Typed or Printed Name of General Partner Signing Form **Carrfour Corporation**
Maria Pellerin

DATE **4/21/99**

Daytime Telephone Number **(305) 371-8300**

CR2E003 (12/98)