

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 11 PM 1:06

**DOCUMENT # A96000000681**

1. Entity Name  
RIVERMONT HOUSE, LTD.



Principal Place of Business  
155 SOUTH MIAMI AVE.  
SUITE 850  
MIAMI, FL 33130

Mailing Address  
155 SOUTH MIAMI AVE.  
SUITE 850  
MIAMI, FL 33130

2. Principal Place of Business - No P.O. Box #  
2828 CORAL WAY

3. Mailing Address  
2828 CORAL WAY



02122008 Chg-LP CR2E003 (12/06)

Suite, Apt. #, etc.  
SUITE 500

Suite, Apt. #, etc.  
SUITE 500

4. FEI Number  
65-0715425

Applied For  
Not Applicable

City & State  
MIAMI, FL

City & State  
MIAMI, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country  
33145

Zip Country  
33145

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

CARRFOUR SUPPORTIVE HOUSING, INC.  
155 SOUTH MIAMI AVE.  
SUITE 850  
MIAMI, FL 33131

Name  
Street Address (P.O. Box Number is Not Acceptable)  
2828 CORAL WAY  
SUITE 500  
City MIAMI FL Zip Code 33145

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # N93000000642  
NAME CARRFOUR CORPROATION  
STREET ADDRESS 155 SOUTH MIAMI AVE., STE. 850  
CITY-ST-ZIP MIAMI, FL 33130

STREET ADDRESS 2828 CORAL WAY, SUITE 500  
CITY-ST-ZIP MIAMI, FL 33145

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *Seamus Bee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE