

94.50

A9600001996

Requestor's Name _____
 Address _____
 City/State/Zip _____ Phone # _____

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Rivertowne Square Assoc (Corporation Name) 670 (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 96 OCT 28 PM 1:08

500001992769-18
 -10/31/96--01087--020
 *****164.50 *****94.50

- ☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
 96 OCT 28 AM 10:10
 DIVISION OF CORPORATIONS
file 2

OVERPAYMENT
 TAX 7.00
 FILING 52.50
 R. AGENT FEE 35.00
 C. COPY _____
 TOTAL 94.50
 N. BANK _____
 BALANCE DUE _____
 REFUND _____

Examiner's Initials BR

**CERTIFICATE OF LIMITED PARTNERSHIP
OF RIVERTOWNE SQUARE ASSOCIATES, LTD.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT 28 PM 1:08

1. NAME.

The name of the limited partnership shall be RIVERTOWNE SQUARE ASSOCIATES, LTD.

2. ADDRESS.

The office and mailing address of the limited partnership shall be 3612 West Hillsboro Boulevard, Deerfield Beach, FL 33442 .

3. REGISTERED AGENT.

The name and address of the limited partnership's agent for service of process shall be Haft & Associates, P.A., Suite 800 - South Tower, 1101 Brickell Avenue, Miami, FL 33131.

I hereby accept the designation as registered agent for service of process:

HAFT & ASSOCIATES, P.A.

By: 

Barry J. Haft, President

Date: 10/24/96

4. GENERAL PARTNER.

The name and business address of the limited partnership's general partner shall be RIVERTOWNE SQUARE ASSOCIATES, INC., 3612 West Hillsboro Boulevard, Deerfield Beach, FL 33442.

5. TERM.

P96000088505

The term of the limited partnership shall commence upon the filing of this Certificate of Limited Partnership, and the latest date upon which the limited partnership is to dissolve shall be December 31, 2046 .

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

RIVERTOWNE SQUARE ASSOCIATES, INC.

By: 

Jonathan Silverman, President

Date: 10/18/96

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
OF RIVERTOWNE SQUARE ASSOCIATES, LTD.**

STATE OF FLORIDA
COUNTY OF DADE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT 28 PM 1:09

Before me, the undersigned authority, personally appeared Jonathan Silverman, who being duly sworn, deposes and says:

1. My name is Jonathan Silverman, I am over the age of eighteen and capable of making the attestations herein.
2. I am President of Rivertowne Square Associates, Inc., the general partner of Rivertowne Square Associates, Ltd.
3. The total amount of capital contributions of the limited partners of Rivertowne Square Associates, Ltd. is \$1,000.00, and the anticipated amount to be contributed by each limited partner is as follows:

Name of Limited Partner

Anticipated Contribution

Jonathan Silverman

\$1,000.00

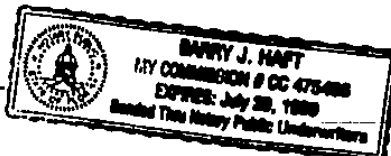
IN WITNESS WHEREOF, I have hereunto set my hand this 24th day of October, 1996.

RIVERTOWNE SQUARE ASSOCIATES, INC.

By: [Signature]
Jonathan Silverman, President

The foregoing instrument was acknowledged before me this 24th day of October, 1996 by Jonathan Silverman, who is personally known to me.

[Signature]
NOTARY PUBLIC
My Commission Expires:



A96000001996

RIVERTOWNE SQUARE ASSOCIATES, LTD.
361 West Salisbury Boulevard
Fort Lauderdale, Florida 33302

November 20, 1996

Division of Corporations
Attn: Registration Section
409 E. Gaines Street
Tallahassee, Florida 32399

Via Federal Express

Re: Rivertowne Square Associates, Ltd. / Document # A96 0001996
Annual Report and Supplemental Affidavit of Capital Contributions

FILED
96 NOV 21 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir/Madam:

Enclosed are the following:

1. Limited Partnership Annual Report of Rivertowne Square Associates, Ltd.
2. Supplemental Affidavit of Capital Contributions of Rivertowne Square Associates, Ltd.
3. Our check in the amount of \$2,335.00 representing payment for 00002015707--2
-11/27/96--01037--008
***2935.00 ***1750.00

Item	Fee
Limited Partnership Annual Report	\$ 576.25
Supplemental Affidavit of Capital Contributions	1,750.00
Certificate of Status	8.75
Total	<u>\$2,335.00</u>

Kindly ~~mail~~ the Certificate of Status to the Registered Agent's address as follows:

FED EX

Haft & Associates, P.A.
Suite 800 - South Tower
1101 Brickell Avenue
Miami, Florida 33131

**FED EX
ACCOUNT**

Yours very truly,

RIVERTOWNE SQUARE ASSOCIATES, INC.

Jonathan Silverman
Jonathan Silverman
President

A96-1996 1842-6749-7

Name	<i>OR 11-25</i>
Availability	
Document	<i>OR</i>
Examiner	
Updater	<i>OR</i>
Updater	<i>OR</i>
Verifier	
Acknowledgement	<i>OR</i>
W. P. Verifier	<i>OR</i>

FF \$ 1750.00

**SUPPLEMENTAL AFFIDAVIT OF
CAPITAL CONTRIBUTIONS
OF RIVERTOWNE SQUARE ASSOCIATES, LTD.**

STATE OF FLORIDA
COUNTY OF BROWARD

Before me, the undersigned authority, personally appeared Jonathan Silverman, who being duly sworn, deposes and says:

1. My name is Jonathan Silverman, I am over the age of eighteen and capable of making the attestations herein.
2. I am President of Rivertowne Square Associates, Inc., the general partner of Rivertowne Square Associates, Ltd.
3. This Supplemental Affidavit is filed pursuant to Section 620.112, Florida Statutes.
4. On October 28, 1996, the Affidavit and Certificate of Limited Partnership of Rivertowne Square Associates, Ltd. were filed and assigned document number A96000001996. The initial capital contributions were \$1,000.00.
5. Since the time the Affidavit and Certificate of Limited Partnership of Rivertowne Square Associates, Ltd. were filed, the Limited Partners have contributed additional capital totaling \$1,899,000.00. As such, the total amount of capital contributions of the Limited Partners of Rivertowne Square Associates, Ltd. is \$1,900,000.00.

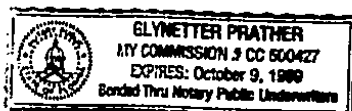
IN WITNESS WHEREOF, I have hereunto set my hand this 19th day of November, 1996.

RIVERTOWNE SQUARE ASSOCIATES, INC.

By: [Signature]
Jonathan Silverman, President

The foregoing instrument was acknowledged before me this 19th day of November, 1996 by Jonathan Silverman, who is known to me or who has produced _____ as identification.

Glynetter Prather
NOTARY PUBLIC
My Commission Expires:



FILED
96 NOV 21 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA