

# 2004 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2004

DOCUMENT # A96000002229

1. Entity Name  
RISLAKE APARTMENTS LIMITED PARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR -5 AM 10:43

Principal Place of Business  
501 116TH AVENUE NORTH  
ST. PETERSBURG, FL 33716

Mailing Address  
24500 CHAGRIN BLVD #200  
BEACHWOOD, OH 44122



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102004 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3413992

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RISMAN, WILLIAM B  
501 116TH AVENUE NORTH  
ST. PETERSBURG, FL 33716

Name

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

City

FL

Zip Code

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.

9. Capital Contributions  
as Shown on record. \$246,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. \$245,984.85

**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 # P96000098628  
NAME RISLAKE GENERAL PARTNER CORPORATION  
STREET ADDRESS 501 116TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG, FL 33716

STREET ADDRESS

CITY-ST-ZIP

400032960564  
04/16/04--01038--013 \*\*667.50

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

William B. Risman, Chairman 4/1/04 (216) 464-5130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #