**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
**1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR -8 PM 3:05

**1.** Name of Limited Partnership

**1a.** DOCUMENT # A97000000539

**RIVERLAKE FINANCING PARTNERSHIP, LTD.**

| Mailing Address | Principal Office Address |
|---|---|
| C/O DARYL B. CRAMER, P.A.<br>250 AUSTRALIAN AVE. SOUTH, SUITE 201<br>WEST PALM BEACH FL 33401-5010 | C/O WILLIAM P. MYERS<br>9030 LESLIE STREET, SUITE 308<br>RICHMOND HILL, ONT., CANADA |

**3.** Date Formed or Registered: 03/04/1997

**3a.** Date of Last Report: N/A

**4.** State or Country of Formation: FL

**5a.** Capital Contributions as Shown on record: $1,750,000.00

**5b.** Amount of Capital Contributions in FLORIDA to date: $1,750,000.00

**6.** FEI Number: ☑ Applied For ☐ Not Applicable

**7.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**8.** Make check payable to: Dept. of State (See reverse side for fee information)

| **2.** Mailing Address | **2a.** Principal Office Address |
|---|---|
| c/o Daryl B. Cramer, P.A. | c/o Daryl B. Cramer, P.A. |
| Suite, Apt. #, etc.<br>515 North Flagler Dr. #910 | Suite, Apt. #, etc.<br>515 North Flagler Dr. #910 |
| City & State<br>West Palm Beach, FL 33401 | City & State<br>West Palm Beach, FL 33401 |
| Zip Country | Zip Country |

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

DARYL B. CRAMER, P.A.
ONE CLEARLAKE CENTRE
250 AUSTRALIAN AVE. SOUTH, SUITE 201
WEST PALM BEACH FL 33401-5010

**10.** If changed, new Registered Agent/Office

Name: Daryl B. Cramer, P.A.
Street Address (P.O. Box Number Is Not Acceptable): 515 North Flagler Dr.
Suite, Apt. #, etc.: Suite 910
City: West Palm Beach FL Zip Code: 33401-4325

**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 3/11/98

**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) | **11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers) | **11b.** City, State & Zip Code | **11c.** Registration/ Document Number |
|---|---|---|---|
| RIVERLAKE GENERAL PARTNER, I | 250 AUSTRALIAN AVE. S | WEST PALM BEACH FL 33 | P97000006070 |

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-04/10/98--01114--011
***3210.00 ****535.00

$535.00

**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 RIVERLAKE GENERAL PARTNER, INC.
By: William P. Myers DATE April 2/98

Typed or Printed Name of General Partner Signing Form: William P. Myers, its President Daytime Telephone Number: 905/882-1212

CR2E003 (6/97)