

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000539**

1. Entity Name

RIVERLAKE FINANCING PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 AM 10:33

Principal Place of Business

% DARYL B. CRAMER, P.A.
515 N. FLAGLER DR., SUITE 910
WEST PALM BEACH FL 33401

Mailing Address

% DARYL B. CRAMER, P.A.
515 N. FLAGLER DR., SUITE 910
WEST PALM BEACH FL 33401-4325

2. Principal Place of Business

c/o Daryl Cramer & Assoc., P.A.

3. Mailing Address

c/o Daryl Cramer & Assoc., P.A.

Suite, Apt. #, etc.

515 N. Flagler Dr., #910

Suite, Apt. #, etc.

515 N. Flagler DR., #910

City & State

W.P.B., FL

City & State

W.P.B., FL

4. FEI Number

65-0733546

Applied For

Not Applicable

Zip

33401

Country

US

Zip

33401

Country

US

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DARYL B. CRAMER, P.A.
515 N. FLAGLER DR., SUITE 910
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name Daryl B. Cramer & Associates, P.A.

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

515 N. Flagler DR., #910

City

W.P.B.

FL

Zip Code

33401

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.

SIGNATURE

Signature, typed or printed name of registered agent, if applicable. DATE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,750,000.00

10. Amount of Capital Contributions

in FLORIDA to date. \$1,750,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # P97000006070
NAME RIVERLAKE GENERAL PARTNER, INC.
STREET ADDRESS 250 AUSTRALIAN AVE. SOUTH
CITY - ST - ZIP WEST PALM BEACH FL 33401-5010

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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

RIVERLAKE GENERAL PARTNER, INC.

SIGNATURE: By: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Fabrizio Lucchese, Vice President

Date

Daytime Phone #

905/882-1212

11/11/00 10:33