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

DO NOT WRITE IN THIS SPACE

### DOCUMENT # A9700000539

1. Entity Name

RIVERLAKE FINANCING PARTNERSHIP, LTD.



Apr 28, 2008 08:00 AN Secretary of State

**FILED** 

Principal Place of Business

C/O HARRIS CRAMER LLP

1555 PALM BEACH LAKES BLVD., STE. 310 WEST PALM BEACH, FL 33401 Mailing Address

C/O HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD., STE. 310

WEST PALM BEACH, FL 33401



04082008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0733546

Applied For Not Applicable

5. Certificate of Status Desired

K

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD., STE. 310 WEST PALM BEACH, FL 33401

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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.

SIGNATURI

Signature, typed or printed name of registered agent and little if applicable

05/20/08-80025-019 508.75

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 P02000073058 DOCUMENT # NAME RIVERLAKE FINANCING G.P., INC. STREET ADDRESS 1555 PALM BEACH LAKES BLVD., STE. 310 CITY-ST-ZIP WEST PALM BEACH, FL 33401 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP

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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 1900, Florida Statutes

**SIGNATURE** 

SIGNATURE AND TYPED OR DRINTED N

F OF SIGNANG GENERAL PARTNER

4-22-08

905-882-1212

Daytime Phone #

By: Fabrica Lucchese, President