2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A9700000539
DOCCIVILIA #	

DOCUMENT # A9700000539 1. Entity Name RIVERLAKE FINANCING PARTNERSHIP, LTD.						03 MAY -2 PH 2: 11			
Principal Place of Business % DARYL CRAMER & ASSOC. P.A. 3801 PGA BLVD SUITE 508 PALM BEACH GARDENS FL 33410-2758		3801 PGA BLVD SUITE 5	Mailing Address % DARYL CRAMER & ASSOC. P.A. 3801 PGA BLVD SUITE 508 PALM BEACH GARDENS FL 33410-2758				HY BY SE	4	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				it Baill Ba it) Ba ilt Ba	i a 1 a 11 a 3 a 11 a 4 a 16 a 1 5 a 1	
Suite, Apt.	Suite, Apt. #, etc.	. #, etc.		DUE BY MAY 1, 2003					
City & State		City & State	City & State		4. FEI Number	65-0733546		Applied For Not Applicable	
Zip	Country	Zip	Country	 	5. Certificate of	Status Desired		75 Additional Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DARYL CRAMER & ASSOCIATES, P.A. 515 N. FLAGLER DR., SUITE 910 WEST PALM BEACH FL 33401			St	Name Daryl Cramer & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 3801 PGA Boulevard Suite 508 City Palm Beach Gardens FL Zip Code 33410					
	tions of registered agent.	ment for the purpose of changing it	s registered of		ed agent, or both, Cramer	in the State of Flor	rida. I am familia //22/: DATE		
9. Capital Contributions as Shown on record. \$1,750,000.00 10. Amount of Capital Conin FLORIDA to date.				ns \$1,825	5,000.00		K PAYABLE TO F SE SIDE FOR FEE	L. DEPT. OF STATE INFORMATION	
		NER THAT IS A BUSINESS EI							
12.	GENERAL PARTNER INFORMATION			. ADDRESS CHANGES ONLY					
DOCUMENT # NAME STREET ADDRESS	CUMENT # P02000073058 ME RIVERLAKE FINANCING G.P., INC.		STREET ADI		801 PGA Boulevard, Suite 508				
CITY-ST-ZIP	WEST PALM BEACH FL 33		CITY-ST-Z	Pal	m Beach Ga	ardens, FL	33410-2	758	
DOCUMENT # NAME			STREET ADI	DRESS		W			

STREET ADDRESS CITY-ST-ZIP 05/02/03--01119--027 **S35.00 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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:

/REDFabrizio Lucchese

Date

Daytime Phone #