0001-2002
LIMITED
PARTNERSHIP
REINSTATEMENT
1080

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FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # A97000001624

1. Name of Limited Partnership

FILED

02 APR 16 PH 2: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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				- - -							
2. Principal Office Address 3. Mailing Office Address 320 North Key Drive 24500 Chagrin Blvd.						4. Date Formed or Registered To Do Business in Florida 7/24/97					
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. FEI Number Applied For						
]					59-2506853	3	Not Applicable	1	
City & State	Suite 34 City & State				CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status						
Ft. Myers,	Florida	Beachwoo	Beachwood, Ohio				70. Carllet Cartifolius and the Cartifolius				
Zip	Country	Zip	Zip Country			7a. Capital Contributions as shown on Record: \$307,201.72					
33902	Lee	44122	44122 Cuyahoga			7507, 201. / 2 7b. Amount of Capital Contributions in FLORIDA to date:					
8. Name and Address of Current Registered Agent						144,167.25					
Name William B. Risman Street Address (P.O. Box Number is Not Acceptable) 501 116th Avenue North Suite, Apt. #, Etc.					FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: if the amount entered in 7b is greater than amount entered in						
St. Petersb	ırg	1 -	State Zip Code 33716			7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.					
9. Pursuant to the provisions of sections 620.1051 and 620.1051 and 620.105, lorida 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 H 8 0 8										CB2E039 (9/01)	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.										1	
10. Name(s) of Go	eneral Partner(s)			General Partner ffice Box Numbers)		City, State	and Zip Code	10a.	Registration Document Number		
Riverview Ap	partments G.P.,	3320 No	rth	Key Drive	Ft.	Myers,	Florida 33902		AL		
•		Adm 61 LP 4	15. 3	1.50		2	2000 5 3 -04/24/ ***105	1020	1097006	±.	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

William B. Risman Typed or Printed Name of General Partner Signing Form

Telephone Number _ <u>(216) 464-5130</u>

RIVERVIEW APARTMENTS LIMITED PARTNERSHIP

24500 Chagrin Boulevard, Suite 200 Beachwood, Ohio 44122 (216) 464-5130 - FAX (216) 360-0799

April 8, 2002

Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399 Via Priority Mail

Re: Partnership Reinstatement

Ladies/Gentlemen:

Enclosed is the Limited Partnership Reinstatement for Riverview Apartments Limited Partnership.

I am at this time requesting that the reinstatement fee be waived as we did not receive the Annual Report that was to be filed with your office and therefore resulted in an Administrative Dissolution. Prior to this, we have filed all our reports in a timely manner.

I also enclose a check in the amount of \$1,052.50 which includes filing fees for 2001 and 2002.

Very truly yours

William B. Risman

Partner

WBR/dm Enclosures