

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 12 PM 1:29

DOCUMENT # A97000001624

1. Name of Limited Partnership  
Riverview Apartments Limited Partnership

**REINSTATEMENT** 2003-2004

2. Principal Office Address

3320 North Key Drive

Suite, Apt. #, etc.

City & State

Ft. Myers, Florida

Zip

33902

Country

U.S.

3. Mailing Office Address

24500 Chagrin Blvd.

Suite, Apt. #, etc.

Suite #200

City & State

Beachwood, Ohio

Zip

44122

Country

U.S.

8. Name and Address of Current Registered Agent

Name

William B. Risan

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

501 116th Avenue North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33716

9. 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 2/26/04

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Riverview Apartments G.P., Inc.	3320 North Key Drive	Ft. Myers, Florida 33902	P97000064190
<b>REINSTATEMENT</b> 2003-2004		100031298701	
		03/29/04--01017--002	**795.84
		03/29/04--01017--002	**795.84

**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. Risan

DATE 2/26/04

Typed or Printed Name of General Partner Signing Form

Telephone Number (216) 464-5130

2 of 2

## RIVERVIEW APARTMENTS LIMITED PARTNERSHIP

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

February 26, 2004

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

Via Certified Mail  
7000 1670 0002 5542 4308

FILED  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
FEB 12 PM 1:29

Re: Partnership Reinstatement

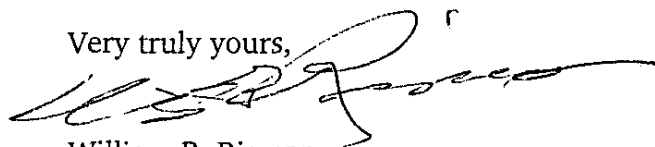
Ladies/Gentlemen:

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

I am requesting that the reinstatement fee be waived as we did not again receive the Annual Report that was to be filed with your office. I attach a copy of our letter dated April 8, 2002, submitting a reinstatement for years 2001 and 2002. This form had been corrected to show the proper mailing address. According to your records, the old address is still listed for this entity. We sold the property at the previous address and do not receive any mail sent there.

Also enclosed is a check in the amount of \$795.84 for the filing fees for 2003 and 2004.

Very truly yours,



William B. Risman  
Partner

WBR/dm  
Enclosures