

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A97000001624

1. Entity Name  
RIVERVIEW APARTMENTS LIMITED PARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 22 AM 9: 08

Principal Place of Business  
3320 NORTH KEY DRIVE  
FT. MYERS, FL 33902

Mailing Address  
24500 CHAGRIN BLVD.  
SUITE #200  
BEACHWOOD, OH 44122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192005

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-2506853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RISMAN, WILLIAM B  
501 116TH AVE. NORTH  
ST. PETERSBURG, FL 33716

Name

Robert G. Risman

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

1515 Eden Isle Blvd., N.E.

City

St. Petersburg

FL

Zip Code  
33704

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.

SIGNATURE

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

Robert G. Risman

2/11/05

DATE

9. Capital Contributions  
as Shown on record.

\$307,201.72

10. Amount of Capital Contributions  
in FLORIDA to date.

(\$55,832.75)

Pay \$141.25

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000064190  
NAME RIVERVIEW APARTMENTS G.P., INC.  
STREET ADDRESS 3320 NORTH KEY DRIVE  
CITY-ST-ZIP FT. MYERS, FL 33902

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Robert G. Risman, PResident 2/11/05

Date

Daytime Phone #

STATE OF FLORIDA