

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**98 JAN 20 PM 2:53**

**1. Name of Limited Partnership**

**1a. DOCUMENT #**

A97000001876

MIDWEST RIVERVIEW LIMITED

**Mailing Address**

3315 N. 124th Street  
Suite E  
Brookfield, WI 53005

**Principal Office Address**

Two Datan Center  
Suite 1528  
9130 S. Dadeland Blvd.  
Miami, FL 33156

**3. Date Formed or Registered**

8/29/97

**5a. Capital Contributions as Shown on record**

\$5,000.00

**3a. Date of Last Report**

**5b. Amount of Capital Contributions in FLORIDA to date:**

\$5,000.00

**4. State or Country of Formation**

FL

**2. Mailing Address**

**2a. Principal Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**6. FEI Number**

39-1905661

☐ Applied For

☐ Not Applicable

**7. Certificate of Status Desired**



**\$8.75 Additional Fee Required**

**8. Make check payable to: Dept. of State (See reverse side for fee information)**

**9. Name and Address of Current Registered Agent**

Midwest Riverview GP, Inc.  
Two Datan Center  
Suite 1528  
9130 S. Dadeland Blvd.  
Miami, FL 33156

**10. If changed, new Registered Agent/Office**

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

**10a.** 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

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

**11. Name(s) of General Partner(s)**

**11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)**

**11b. City, State & Zip Code**

**11c. Registration/Document Number**

Midwest Riverview GP, Inc.

3315 N. 124th Street

Brookfield, WI 53005

P97000074050

Keystone Riverview Real Estate  
Dev. Corp.

540 Frontage Road,  
Suite 3315

Northfield, IL 60093

F97000006178

400002413614--1  
-01/27/98--01099--004  
\*\*\*156.25 \*\*\*156.25

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

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

DATE 12/23/97

Typed or Printed Name of General Partner Signing Form

Michelle M. Nennig

Daytime Telephone Number

414-781-8760

CR2F003 (6/97)