FILED
Apr 30, 2005 08:00 AM
Secretary of State

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A97000001876

1. Entity Name
MIDWEST RIVERVIEW LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
TWO DATRAN CENTER, STE. 1528 9130 S. DADELAND BLVD. MIAMI, FL 33156	C/O CENTRES INC. 9130 S. DADELAND BLVD., #1528 MIAMI, FL 33156

03292005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 39-1905661 ☐ 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
MIDWEST RIVERVIEW GP, INC. TWO DATRAN CENTER, STE. 1528 9130 S. DADELAND BLVD. MIAMI, FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. $5,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	P97000074050	STREET ADDRESS	
NAME	MIDWEST RIVERVIEW GP, INC.		
STREET ADDRESS	9130 S. DADELAND BLVD., #1528	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI, FL 33156		
DOCUMENT #	F97000006178	STREET ADDRESS	U00000346240
NAME	KEYSTONE RIVERVIEW REAL ESTATE DEV. CORP.		
STREET ADDRESS	540 FRONTAGE ROAD, SUITE 3315	CITY-ST-ZIP	04/30/05--80069--003 141.25
CITY-ST-ZIP	NORTHFIELD, IL 60093		
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

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] 3/29/05 305-670-1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #