# 2007 LIMITED PARTNERSHIP ANNUAL REPORT

**FILED**
**Mar 27, 2007**
**Secretary of State**

DOCUMENT# A97000001945

**Entity Name:** RIVERSIDE HEALTHCARE LTD.

**Current Principal Place of Business:**

7280 OAKMONT COURT
PONTE VEDRA, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

7280 OAKMONT COURT
PONTE VEDRA, FL 32082

**New Mailing Address:**

**FEI Number: 59-3465937** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LESTER, FRED L JR.
7280 OAKMONT COURT
PONTE VEDRA BEACH, FL 32082 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**GENERAL PARTNER INFORMATION:**

Document #: L97000000985
Name: L & J OF PV L.C.
Address: 7280 OAKMONT COURT
City-St-Zip: PONTE VEDRA, FL 32082

**ADDRESS CHANGES ONLY:**

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRED L. LESTER, JR. MBR 03/27/2007

Electronic Signature of Signing General Partner Date