

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000212

1. Entity Name

RIVERSIDE ONE LIMITED PARTNERSHIP

FILED

00 MAR 27 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1510-A SOUTH 2ND STREET
JACKSONVILLE BEACH FL 32250

Mailing Address

1510-A SOUTH 2ND STREET
JACKSONVILLE BEACH FL 32250-6308

2. Principal Place of Business

424 S. 3RD ST

Suite, Apt. #, etc.

3. Mailing Address

424 S. 3RD ST

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

32250

Country

DUVAL

Zip

32250

Country

DUVAL

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWE, ANDREW W.V
1510-A SOUTH 2ND STREET
JACKSONVILLE BEACH FL 32250

424 S. 3RD. ST.

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$70,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

70,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # P98000006927
NAME RIVERSIDE ONE CAPITAL PARTNERS, INC.
STREET ADDRESS 1510-A SOUTH 2ND STREET
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 424 S. 3RD ST.
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/22/00

Date

904-270-0270

Daytime Phone #

CR2E003 (9/99)