

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

PO Ret 6198
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 11:14

DOCUMENT # A98000000212

1. Entity Name
RIVERSIDE ONE LIMITED PARTNERSHIP



Principal Place of Business
**328 2ND AVE. N
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**328 2ND AVE. N
JACKSONVILLE BEACH, FL 32250**

DO NOT WRITE IN THIS SPACE

02172006 No Chg-LP CR2E003 (11/05)

4. FEI Number **34-1856689**
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOWE, ANDREW W V
328 2ND AVE. N
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE
IN THIS SPACE**

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.

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 **328 2ND AVE. N**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

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900074080259
05/05/06--01048--001 **500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/22/06

Date

904-270-0270

Daytime Phone #

STAPLE CHECK HERE