DOCUMENT # A9800001293 1. Entity Name								
RIVER FORK RANCH LIMITED PARTNERSHIP						FI	LED	
Principal Place of Business			Mailing Address	<del></del> -	01	MAY .	2 PN 12: 33	
615 N. COUNTY ROAD PALM BEACH FL 33480			1501 LANGFORD DRIVE WEST PALM BEACH FL S	3406	SEC TALI	RETAI	RY OF STATE SEE, FLORIDA	
2. Principal Place of Business			3. Mailing Address				T TOURSHIN COLD COLDS I BRINK BOURK BOURK BOURK BOURK HAVING CHRIND HOLDO HAN KOOK	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State			City & State				4. FEI Number 65-0838328 Applied For Not Applicable	
Zip Country			Zip	Country			5. Certificate of Status Desired	
	6. Name	and Address of Curren	t Registered Agent				7. Name and Address of New Registered Agent	
		٠.			Name			
WADDELL, C. WILLIAM					Street Address (P.O. Box Number is Not Acceptable)			
1501 LANGFORD DRIVE WEST PALM BEACH FL 33406					·			
WEST PALIN DENOTTE COTOS					City FL Zip Code			
8. The above		submits this statement or printed name of registered ager					ed agent, or both, in the State of Florida.  Twhen reinstating)  DATE	
9. Capital Co as Shown	entributions on record.	\$25,000,000.00	10. Amount of Capi in FLORIDA to c	ate.	\$2.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE O . 0 0 0 . 0 0 SEE REVERSE SIDE FOR FEE INFORMATION TERED AND ACTIVE WITH THIS OFFICE.	
	NOTE:	General Partners M	IAY NOT be changed on t	e form	; an ame	ndment	t must be filed to change a general partner.	
12.	I	GENERAL PARTNE	ER INFORMATION	13.			ADDRESS CHANGES ONLY	
DOCUMENT / NAME	P98000046080 RIVER FORK RANCH, INC.			STRE	ET ADDRESS			
	615 N. COUNTY ROAD PALM BEACH FL 33480		· · · · · · · · · · · · · · · · · · ·	CITY	-ST-ZIP			
DOCUMENT # NAME				STRE	ET ADDRESS			
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STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP			
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STREET ADDRESS CAY-ST-ZIP				CITY	-ST-ZIP			
DOCUMENT # NAME				STRE	EET ADDRESS			
TREET ADDRESS ITY-ST-ZIP				CITY	-ST-ZIP			
DOCUMENT # NAME				STRE	ET ADDRESS	-वेतंकः रंग	Mark the second	
STREET ADDRESS CITY-ST-ZIP	il.				-ST-ZIP	الرأية.		
indicated	on this repor	is true and accurate an	th this filing does not qualify to d that my signature shall have his report as required by Chart	the same	e leoal effe	ct as if m	ection 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership or	