

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002321

1. Entity Name
RIVER INN LIMITED PARTNERSHIP

Principal Place of Business C/O JAMIE A. DANBURG 2700 W. CYPRESS CREEK ROAD, SUITE D-110 FORT LAUDERDALE FL 33309	Mailing Address C/O JAMIE A. DANBURG 2700 WEST CYPRESS CREEK ROAD, SUITE D-110 FORT LAUDERDALE FL 33309-1770
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FILED

00 APR 13 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0868065	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FELUREN, MARK S 100 S.E. THIRD AVENUE, SUITE 1500 FORT LAUDERDALE FL 33394		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.	\$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P97000070916	STREET ADDRESS	300003220089-2
NAME	BUSINESS PARK, INC.	CITY - ST - ZIP	04/24/00 01040 010
STREET ADDRESS	2700 WEST CYPRESS CREEK ROAD, SUITE D-110		****158.75 ****158.75
CITY - ST - ZIP	FORT LAUDERDALE FL 33309		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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 REQUIRED **1-7-00** **954 974 1236**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2F003 (3/99)