

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 21 AM 8:11

DOCUMENT # A98000002321

1. Entity Name  
RIVER INN LIMITED PARTNERSHIP



Principal Place of Business  
C/O JAMIE A. DANBURG  
7700 CONGRESS AVE., STE. 3100  
BOCA RATON, FL 33487

Mailing Address  
C/O JAMIE A. DANBURG  
7700 CONGRESS AVE., STE. 3100  
BOCA RATON, FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122005

Chg-LP

CR2E003 (10/03)

4. FEI Number  
65-0868065

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELUREN, MARK S  
2200 N. COMMERCE PKWY., STE. 202  
WESTON, FL 33326

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. 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

9. Capital Contributions  
as Shown on record. \$10,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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  
NAME BUSINESS PARK, INC.  
STREET ADDRESS 7700 CONGRESS AVE., STE. 3100  
CITY-ST-ZIP BOCA RATON, FL 33487

STREET ADDRESS 800045696488  
CITY-ST-ZIP 01/31/05--01034--005 \*\*158.75

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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:

Jamie A. Danburg

01/13/05

561-997-5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE