FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A9800002655

DIVISION OF CORPORATIONS

98 DEC 29 PM 2: 46

THE	TTTTAC	ATT	RIVERWALK.	T ጣጣ
LDC	ATTITAS		KIVEKWALK.	LID.

Mailing Address 1275 Lake Heathrow Lane Suite 105 Heathrow FL 32746	Principal Office Address 1275 Lake Heathrow Lane Suite 105 Heathrow, FL 32746	3. Date Formed or Registered 12/02/98 3a. Date of Last Report	5a. Capital Contributions as Shown on record.
	Heating, 11-52740	N/A. 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address 615 Crescent Executive Court	2a. Principal Office Address 615 Crescent Executive Court	FL	\$100.00
Suite, Apt. #, etc. Suite 120 City & State	Suite, Apt. #, etc. Suite 120 City & State	6. FEI Number	Applied For Not Applicable
Lake Mary, FL Zip Country	Lake Mary, FL.	7. Certificate of Status Desired	\$8.75 Additional Fee Required
32746 USA	32746 USA	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
N. Dwayne Gray, Jr., Esq.	Name
Greenspoon, Marder, et al 135 West Central Blvd., Suite 1100 Orlando, FL 32801	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, etc.
	City Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11.	Name(s) of General Partner(s)	Address of Each General Pariner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Thé	Villas at Riverwalk, Inc.	1275 Lake Heathrow Land Suite 105-	Heathrow, FL 32746	P98000100416
		615 Crescent Executive Court, Suite 120	Lake Mary, FL 32746	Q 1
-			3000027: -01/05/9 ****150	14193—34 9-01092-002 1.00 ****150.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is votuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE	
SIGNATURE	

Typed or Printed Name of General Partner Signing Form

The Villas at Riverwalk, Inc., by Todd L. Borck, President

DATE 17-78-98

_____ Daytime Telephone Number ____407-333-323

CROED



ACCOUNT NO. : 072100000032

REFERENCE : 081409

5011958

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE: December 29, 1998 ORDER TIME : 12:07 PM ORDER NO. : 081409-045 CUSTOMER NO: 5011958 CUSTOMER: Ms. Sandra M. Graham Greenspoon Marder Hirschfeld 135 West Central Blvd Ste 1100 South Trust Bank Building Orlando, FL 32801

98 DEC 29 PM 1:25 NAME:

THE VILLAS AT RIVERWALK, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Maxwell

EXAMINER'S INITIALS: