


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # B01000000453					
1. Entity Name RIVERSIDE INVESTMENT PARTNERS, L.P.					
Principal Place of Business 1925 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401			Mailing Address 1925 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____				DATE _____	
9. Capital Contributions as Shown on record. <b>\$5,477,000.00</b>				10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	M01000002897			STREET ADDRESS	
NAME	RIVERSIDE VENTURE PARTNERS, L.L.C.			CITY-ST-ZIP	
STREET ADDRESS	1925 NORTH FLAGLER DRIVE				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
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NAME				CITY-ST-ZIP	
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)(1), 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: <u>Mark T. Oceppek</u>				4/27/05 561-820-9447	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date	
Gent Partner				Daytime Phone #	



04272005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-1154925** Applied For Not Applicable

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

STAPLE CHECK HERE

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