FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT

Sept 1



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

| 1998 | Section 1 | DIVISION OF CO | RPORATION | ıs | OQ IAN | E DM | 2. 21. | |
|---|---|---|---------------------|------------------------------------|---|------------------------|---------------------------------------|--|
| 1. Name of Limited Partnership | | 1a. DOCUMENT # B9500000401 | | | 98 JAN 5 PM 2: 34 | | | |
| RIC RIALTO LIMITED | PARTNERSH | IIP | | | 1 1001101 (1210 1210) 18111 BOXII D | | | |
| Mailing Address Principal Office Address | | | . | 3. | Date Formed or Registered Sa. Capital Contributions as Shown on record. | | l Contributions as on record. | |
| 8737 COLESVILLE ROAD. SUITE 800 8737 COLESVILLE ROAD. SUI SILVER SPRING MD 20910 SILVER SPRING MD 20910 | | | E 800 | | 11/07/1995 3a. Date of Last Report | | \$250,000.00 | |
| | | | | L | 12/26/1996 | 5b. Amou Contri | nt of Capital butions in FLORIDA | |
| 2. Mailing Address | 2 | 8. Principal Office Address | | | State or Country of Formation | to date | 9: | |
| Suite, Apt. #, etc. City & State | | Suite, Apt. #, etc. City & State | | 1 | 6, FEI Number 52-1946817 | | Applied For Not Applicable | |
| | | | Country | 7. | Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| Zip Couni | riy Z | lip | Country | 8. | Make check payable to: Dept. of | State (See reve | | |
| 9, Name an | d Address of Current Regis | itered Agent | | 1 | 0. If changed, new Registered | Agent/Office | | |
| LUNDSTROM, MATT | Name Street Address (P.O. | | | | | | | |
| % REALTY INVESTMENT COMPANY, INC. | | | ess (P.O. Box Nu | P.O. Box Number is Not Acceptable) | | | | |
| 2447 NORTH WICKHAM R | OAD, SUITE 118 | | Suite, Apt. # | , etc. | | | <u> </u> | |
| MELBOURNE FL 32935 | | | City | | , | FL | Zip Code | |
| agent. I am familiar with, and SIGNATURE (Registered Agent Accep | ts registered office or registe accept the obligations of se sting Appointment) | 192, Florida Statules, the above-named pred agent, or both, in the State of Fiori clion 620, 192, Florida Statutes. A CORPORATION, L E REGISTERED ANI | da Such chan | ge was authorize | d by its general partner(s). I here | by accept the | appointment of registered | |
| 11. Name(s) of General Partne | r(8) | 11a. Address of Each General (Do NOT Use Post Office Box | Partner Numbers) | 11b. | City, State & Zip Code | 11c. | Registration/ Document Number | |
| BAYSIDE INVESTMENT COMPANY, | | 8737 COLESVILLE ROAD, | | SILVER SPRING MD 2091 | | F95000005449 | | |
| | | | | | 0000024 -01/26/ ****54 | / 9 801 | 8 606 139016 ****\$41.25 | |
| | | | | | | | | |
| | | changed on this form | ` | | | | i | |
| I do hereby certify that the Infor Corporations from any liability of this annual report is true and ac empowered to execute this report. | f non-compliance with Section curate and that my signature | on 119.07(3)(k) in the event that the info s shall have the same leggi effects as it | Inqua noiteme | ied is deemed ex | remot from public access. Hurth- | er certify that th | e information indicated or | |
| SIGNATURE | ocomi | STOE INVESTMENT CO. 1 | NC - 650 | I DARTNIE | DATE | 12/01/0 | 14+ | |
| Typed or Printed Name of General Part | ner Signing Form | CONFLINE STEWART, | MIST SE | CRETARY | aytime Telephone Number (3 | 1) 495- | 4400 | |