

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000455**

1. Entity Name

RIVERWALK APARTMENTS, L.P.

Principal Place of Business

**1013 CENTER ROAD
WILMINGTON DE 19805**

Mailing Address

**2601 SOUTH BAYSHORE #1775
COCONUT GROVE FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4013685

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

**AFFIRMATIVE MANAGEMENT INC.
5850 T.G. LEE BLVD., SUITE 345
ORLANDO FL 32822**

GREENSTREET MANAGEMENT, INC.
Street Address (P.O. Box Number is Not Acceptable)
**2601 South BAYSHORE DR.
SUITE 1775
COCONUT GROVE FL 33133**

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

Signature of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on Record.

\$2,400,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **M98000000772**
NAME **GW RIVERWALK MANAGEMENT, LLC**
STREET ADDRESS **2601 SOUTH BAYSHORE #1775**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

STREET ADDRESS

CITY-ST-ZIP

900003708309--S
-02716/01-01137-025
*****535.00 ***535.00**

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

01 FEB 13 PM 12:06

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

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CR2E003 (11/00)