

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006070

1. Entity Name

RIVERLAKE GENERAL PARTNER, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90186 045 ***158.75

Principal Place of Business DARYL CRAMER AND ASSOC., P.A. 515 N. FLAGLER DR., STE. 910 WEST PALM BEACH FL 33401-4325 US	Mailing Address DARYL CRAMER AND ASSOC., P.A. 515 N. FLAGLER DR., STE. 910 WEST PALM BEACH FL 33401-4325 US
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L0058004

2. Principal Place of Business Daryl Cramer & Assoc., P.A. Suite, Apt. #, etc. 515 N. Flagler Dr., Ste. 910 City & State West Palm Beach, FL Zip 33401 Country USA	3. Mailing Address c/o Daryl Cramer & Assoc., P.A. Suite, Apt. #, etc. 515 N. Flagler Dr., Ste. 910 City & State West Palm Beach, FL Zip 33401 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0729843	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DARYL CRAMER AND ASSOC., P.A. 515 N. FLAGLER DR. STE. 910 WEST PALM BEACH FL 33401-4325	7. Name and Address of New Registered Agent Name Daryl Cramer & Assoc., P.A. Street Address (P.O. Box Number is Not Acceptable) 515 N. Flagler Drive, Suite 910 City West Palm Beach FL Zip Code 33401
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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 Daryl B. Cramer, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MYERS, WILLIAM P 9030 LESLIE STREET, STE 308 RICHMOND HILL-ONTARIO-CANADA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LUCCHESI, FABRIZIO 9030 LESLIE STREET, STE 308 RICHMOND HILL-ONTARIO-CANADA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABRIZIO LUCCHESI APRIL 23, 2001 905-882-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)