2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A20162

1. Entity Name

SHOREVIEW LIMITED PARTNERSHIP

FILED
02 MAY -1 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
SHORE VIEW APARTMENTS SATELLITE BEACH FL 32937 US	C/O CLARK ENTERPRISES, INC. 7500 OLD GEORGETOWN RD. BETHESDA MD 20814 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 52-1407023 ☐ 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
LUNGER, EUGENE E. % CLARK CONSTRUCTION GROUP 3440 HOLLYWOOD BLVD., SUITE 300 HOLLYWOOD FL 33021	Name Street Address (P.O. Box Number is Not Acceptable) 500005504235--7 -05/10/02--01101--020 City ****141.25 FL Zip Code ****141.25

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$980.00	10. Amount of Capital Contributions in FLORIDA to date.	980	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 # NAME STREET ADDRESS CITY-ST-ZIP	849274 CLARK ENTERPRISES, INC. 7500 OLD GEORGETOWN RD BETHESDA MD	STREET ADDRESS CITY-ST-ZIP	BK
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	~~500005504235~~
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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~~ By: Clark Enterprises, Inc. GP By: Lawrence C. Nussdorf, President 4/25/02 301-657-7157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/01)