2005 LIMITED PARTNERSHIP ANNUAL REPORT May 05, 2005 08:00 AM

Due By May 1, 2005 May 05, 2005 08:00 AM

STAPLE CHECK HERE

DOCUMENT # A20162  1. Entity Name SHOREVIEW LIMITED PARTNERSHIP							Secretary of State				
Principal Place of Business SHORE VIEW APARTMENTS SATELLITE BEACH, FL 32937 US C/O CLARK ENTERPRISES 7500 OLD GEORGETOWN BETHESDA, MD 20814									MIN'S YIN'N BININ	1107) <b>113</b> 71 <b>110</b> 71 <b>0</b> 71 <b>18</b>	
2. Principal F	Place of Busin	3. Mailing Address									
Suite, Apt. #, etc			Suite, Apt #, etc.				04142005	Chg-LP	CR2E00	3 (10/03)	
City & State			City & State				4. FEI Number 52-14070	023		Applied Not Appl	
Zıp	Zip Country		Zip Cou		Coun	itry	5. Certificate of Status Desired S8.75 Additional Fee Required				.1
Name and Address of Current Registered Agent						Name	7. Name and A	ddress of New R	egistered Ag	ent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525						Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Code	
8. The above	named entity	y submits this statement for	the purpose	of changing its	register	l ed office or register	ed agent, or both,	in the State of Flo		miliar with, and a	ccept
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and tide if applicable.  DATE											
9. Capital Co	ontributions	or printed name of registered agent a	10.	Amount of Capita	outions $\vec{Q}_i$	60		DATE			
as Shown on record. \$980.00 10. Amount of Capital Contributions in FLORIDA to date.  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	849274 CLARK EI	NTERPRISES, INC.	<u>+</u>			ET ADDRESS		. 100111200 0117			
STREET ADDRESS CITY_ST-ZIP	7500 OLD	GEORGETOWN RD A, MD 20814			_ CITY	-ST-ZIP		<u> </u>	רמטרים		
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14. I hereby certify that the information supplied with this filling 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											
14. Thereby certify that the information supplied with this filling 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 Pariner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  CLARK Enformacy, June 7MP  Terri D. Klatzkin, Vice Pres 4/21/05 301-657-7157											
SIGNAT	URE: _	LIMIL	12/21		1em	DI KLATZKI	in, vice rie	2 4/21/0	S 30	<u>657-71</u>	<u>57</u>