

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017989
AB

DOCUMENT # **A20162**



1. Entity Name
SHOREVIEW LIMITED PARTNERSHIP

FILED

03 FEB -4 PM 12: 24

Principal Place of Business
**SHORE VIEW APARTMENTS
SATELLITE BEACH FL 32937
US**

Mailing Address
**C/O CLARK ENTERPRISES, INC.
7500 OLD GEORGETOWN RD.
BETHESDA MD 20814
US**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-1407023	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	Bethesda, MD 20814
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	700011598167
		CITY-ST-ZIP	01/31/03-01079-012 **141.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		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]* **SIGNATURE REQUIRED**
By: **Clark Enterprises, Inc. G.P.**
By: **Lawrence C. Nussdorf,** President **1/23/03** 301-657-7157
Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)