


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**FILED**  
**APR 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001385</b> 1. Entity Name <b>GOLFVIEW PLAZA ASSOCIATES, LTD.</b>		
Principal Place of Business <b>140 NORTH FEDERAL HIGHWAY          #200          BOCA RATON FL 33432</b>		

Mailing Address <b>140 NORTH FEDERAL HIGHWAY          #200          BOCA RATON FL 33432</b>	
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

4. FEI Number <b>65-0086515</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>TALBOTT, GREGORY K          140 NORTH FEDERAL HIGHWAY          #200          BOCA RATON FL 33432</b>	
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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
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9. Capital Contributions as Shown on record. <b>\$200.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	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 #	<b>M81933</b>	STREET ADDRESS	
NAME	<b>GOLFVIEW PLAZA, INC.</b>	CITY-ST-ZIP	<b>000000119786</b>
STREET ADDRESS	<b>140 NORTH FEDERAL HIGHWAY, #200</b>		<b>04/20/04-80003-007 150.00</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:		Date <b>4/5/04</b>	Daytime Phone #
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