


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 10 AM 8:39

|   |                                 |                     |   |  |  |
|---|---------------------------------|---------------------|---|--|--|
| <b>DOCUMENT # A00000001385</b><br>1. Entity Name<br><b>GOLFVIEW PLAZA ASSOCIATES, LTD.</b>  |                                 |                     |   |   |  |
| Principal Place of Business<br><b>140 NORTH FEDERAL HIGHWAY<br/>#200<br/>BOCA RATON, FL 33432</b>   |                                 |                     | Mailing Address<br><b>140 NORTH FEDERAL HIGHWAY<br/>#200<br/>BOCA RATON, FL 33432</b> |  |  |
| 2. Principal Place of Business  |                                 | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc. |   |  |  |
| City & State  |                                 | City & State        |   |  |  |
| Zip   | Country                         | Zip                 | Country   |  |  |
| 6. Name and Address of Current Registered Agent   |                                 |                     |   | 7. Name and Address of New Registered Agent  |  |
| <b>TALBOTT, GREGORY K<br/>140 NORTH FEDERAL HIGHWAY<br/>#200<br/>BOCA RATON, FL 33432</b>   |                                 |                     |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> <div style="float: right;">DATE _____</div>   |                                 |                     |   |  |  |
| 9. Capital Contributions as Shown on record. <b>\$200.00</b>  |                                 |                     | 10. Amount of Capital Contributions in FLORIDA to date.                               |  |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                 |                     |   |  |  |
| 12. GENERAL PARTNER INFORMATION   |                                 |                     | 13. ADDRESS CHANGES ONLY  |  |  |
| DOCUMENT #  | M81933                          |                     | STREET ADDRESS  |  |  |
| NAME  | GOLFVIEW PLAZA, INC.            |                     | CITY-ST-ZIP   |  |  |
| STREET ADDRESS  | 140 NORTH FEDERAL HIGHWAY, #200 |                     |   |  |  |
| CITY-ST-ZIP   | BOCA RATON, FL 33432            |                     |   |  |  |
| DOCUMENT #  |                                 |                     | STREET ADDRESS  |  |  |
| NAME  |                                 |                     | CITY-ST-ZIP   |  |  |
| STREET ADDRESS  |                                 |                     |   |  |  |
| CITY-ST-ZIP   |                                 |                     |   |  |  |
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| CITY-ST-ZIP   |                                 |                     |   |  |  |
| DOCUMENT #  |                                 |                     | STREET ADDRESS  |  |  |
| NAME  |                                 |                     | 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 |                                 |                     |   |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |                                 |                     | Date <b>6-2-05</b> (561) 392-8525<br><small>Daytime Phone #</small>                   |  |  |

STAPLE CHECK HERE