

2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 14 AM 10:03

DOCUMENT # A04000000450

1. Entity Name  
PARKVIEW VILLAGE DEVELOPMENT, LTD.



Principal Place of Business  
908 CLEVELAND STREET  
CLEARWATER, FL 33755

Mailing Address  
908 CLEVELAND STREET  
CLEARWATER, FL 33755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06302005

Chg-LP

CR2E003 (10/03)

4. FEI Number

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

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

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

DATE

9. Capital Contributions  
as Shown on record.

\$50.00

10. Amount of Capital Contributions  
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

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 # P04000050745  
NAME PARKVIEW VILLAGE DEVELOPMENT, INC.  
STREET ADDRESS 908 CLEVELAND STREET  
CITY-ST-ZIP CLEARWATER, FL 33755

STREET ADDRESS

CITY-ST-ZIP

100057766291  
07/21/05--01077--008 \*\*150.00

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STREET ADDRESS

CITY-ST-ZIP

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 AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Jacqueline  
Rivera

7-7-05

727-461-5777

STAPLE CHECK HERE