


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

2005 APR 26 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001984		
1. Entity Name GOLFVIEW, LLLP		

Principal Place of Business 2875 N.E. 191ST ST., SUITE 400-A AVENTURA, FL 33180	Mailing Address 2875 N.E. 191ST ST., SUITE 400-A AVENTURA, FL 33180
---	---

2. Principal Place of Business 2875 NE 191ST STREET		3. Mailing Address 2875 NE 191ST STREET	
Suite, Apt. #, etc. 300		Suite, Apt. #, etc. 300	
City & State AVENTURA - FLORIDA		City & State AVENTURA - FLORIDA	
Zip 33180	Country USA	Zip 33180	Country USA



04182005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent JACOBS, GRISALES S 1911 HARRISON STREET HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent 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. \$10,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. 9 158.75

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 #	GOLFVIEW GP, LLC	STREET ADDRESS	2875 NE 191ST STREET # 300
NAME	1930 HARRISON STREET STE 303	CITY - ST - ZIP	AVENTURA, FLORIDA 33180
STREET ADDRESS	HOLLYWOOD, FL 33020	STREET ADDRESS	900054530649
CITY - ST - ZIP		CITY - ST - ZIP	05/13/05--01069--005 **158.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

14. I hereby certify that the information reported 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:

GOLFVIEW GP, LLC - R. J. MAL

04/18/05 (205) 935-6953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE