

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:24

DOCUMENT # A05000001944 1. Entity Name CLEARVIEW CONSORTIUM, LTD.					
Principal Place of Business 1070 NORTH STONE STREET SUITE D DELAND, FL 32720 US			Mailing Address 1070 NORTH STONE STREET SUITE D DELAND, FL 32720 US		
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		
GOLDBERG, PAUL B M.D. 1070 NORTH STONE STREET SUITE D DELAND, FL 32720			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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 #	L05000103174		STREET ADDRESS		
NAME	CLEARVIEW CONSORTIUM HOLDINGS, LLC		CITY-ST-ZIP		
STREET ADDRESS	1070 NORTH STONE STREET SUITE D		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <u>4/13/06</u> Daytime Phone # <u>388 8229410</u>		

STAPLE CHECK HERE

[Handwritten initials]



04112006 Chg-LP CR2E003 (11/05)

4. FEI Number **20-3650852** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 05/05/06--01048--027 **500.00