2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007 ·

DOCUMENT # A05755

CLEARVIEW GARDENS LIMITED



FILED Apr 16, 2007 08:00 AM Secretary of State

Principal Place of Business C/O STEVEN J. KRAVITZ 4561 N.W. 10TH CT., STE, H-110 PLANTATION, FL 33313

Mailing Address C/O STEVEN J. KRAVITZ 4561 N.W. 10TH CT., STE. H-110 PLANTATION, FL 33313



04022007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-1755017 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

KRAVITZ, STEVEN J 4561 N.W. 10 COURT SUITE H-110 PLANTATION, FL 33313

DO NOT WRITE IN THIS SPACE

| | The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of registered agent. | in the State of Florida. I am familiar with, and accept |
|----|--|---|
| SI | GNATURE | |
| | Signature, typed or printed name of registered agent and title if applicable. | DATE |
| | | |

FILE NOWI!! FEE IS \$500.00 After May 1, 2007, 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 L08099 DOCUMENT # NAME CLEARVIEW GARDENS, INC. STREET ADDRESS C/O 4561 N.W. 10TH CT., STE, H-110 CITY-ST-ZIP PLANTATION, FL 33313 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP

6. Name and Address of Current Registered Agent

U00000712898 04/26/07-80066-020 500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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

SONATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER SIGNATURE

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

STREET ADDRESS CITY-ST-ZIP