

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 20 AM 11:27

**DOCUMENT # A06000000005**

1. Entity Name  
**LAKEVIEW ATLAS LTD.**



Principal Place of Business  
**175 BRADLEY PLACE  
PALM BEACH, FL 33480**

Mailing Address  
**175 BRADLEY PLACE  
PALM BEACH, FL 33480**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232008

Chg-LP

CR2E003 (12/06)

4. FEI Number

**42-1688982**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RAPAPORT FAMILY MAGEMENT, LLC  
175 BRADLEY PLACE  
PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent

Name

**Lakeview Atlas Management, LLC**

Street Address (P.O. Box Number is Not Acceptable)

**f/k/a Rapaport Family Management, LLC**

**175 Bradley Place**

City

**Palm Beach**

**FL**

Zip Code

**33480**

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

**Robert D. Rapaport, Manager**

**3/3/07**

**Lakeview Atlas Management, LLC** DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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

DOCUMENT # **L06000000266**  
NAME **LAKEVIEW ATLAS MANAGEMENT, LLC**  
STREET ADDRESS **175 BRADLEY PLACE**  
CITY-ST-ZIP **PALM BEACH, FL 33480**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**0001200815350**  
**03/20/08--01022--002 \*\*500.00**

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: **Robert D. Rapaport**

**Robert D. Rapaport**

**3/3/07 561-659-5311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE