

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

97 DEC 15 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**

*PC 11-10-97  
12/11/97*



*Parkview @ Pembroke Pt*

<b>1. Name of Limited Partnership</b> <b>PARKVIEW PARTNERSHIP, LTD.</b>		<b>1a. DOCUMENT #</b> <b>A18927</b>	
<b>2. Mailing Address</b> 760 NW 107 AVE MIAMI FL 33172		<b>2a. Principal Office Address</b> 700 NW 107 AVE MIAMI FL 33172	
<b>3. Date Formed or Registered</b> 01/21/1985		<b>5a. Capital Contributions as Shown on record</b> \$5,000.00	
<b>3a. Date of Last Report</b> 12/30/1996		<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>	
<b>4. State or Country of Formation</b> FL		<b>6. FEI Number</b> 59-2505057	
<b>7. Certificate of Status Desired</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>		<b>8.75 Additional Fee Required</b>	

<b>9. Name and Address of Current Registered Agent</b> WATSKY, MORRIS J. 700 N.W. 107 AVE. MIAMI FL 33172		<b>10. If changed, new Registered Agent/Office</b>	
Name		Street Address (P.O. Box Number Is Not Acceptable)	
Suite, Apt. #, etc.		City	
Zip Code		FL	

**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
PARKVIEW AT PEMBROKE PT	760 N.W. 107 AVENUE 700 N.W. 107 AVE	MIAMI FL 33172	G68990
			7000002333877-7 -12/26/97-01112-010 ****156.25 ****156.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *J.T. Memick*, CONTROLLER *J.T. Memick* DATE *12/11/97*

Typed or Printed Name of General Partner Signing Form: *Parkview at Pembroke Pt* Daytime Telephone Number *305-*

CR2E003 (6/97)