

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
99 FEB 25 PM 4: 55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>1. Name of Limited Partnership</b>  PARKVIEW PARTNERSHIP, LTD.	<b>1a. DOCUMENT #</b> <b>A18927</b>
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<b>Mailing Address</b> 700 NW 107TH AVE MIAMI FL 33172	<b>Principal Office Address</b> 700 NW 107TH 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> 12/15/1997	<b>5b. Amount of Capital Contributions in FLORIDA to date.</b>
		<b>4. State or Country of Formation</b> FL	
<b>2. Mailing Address</b> 760 NW 107 AVE Suite, Apt. #, etc. Suite 300 City & State	<b>2a. Principal Office Address</b> 760 NW 107 AVE Suite, Apt. #, etc. Suite 300 City & State	<b>6. FEI Number</b> 59-2505057	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip Country	Zip Country	<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</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: Shelly Rubin Street Address (P.O. Box Number is Not Acceptable): 760 NW 107 AVE Suite, Apt. #: Suite 300 City: Miami FL Zip Code: 33172
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**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) *Shelly Rubin* DATE 12/18/98

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

<b>11. Name(s) of General Partner(s)</b>  PARKVIEW AT PEMBROKE PT	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 760 NW 107 AVE, Suite 300	<b>11b. City, State &amp; Zip Code</b> MIAMI FL 33172	<b>11c. Registration/Document Number</b> G68990
3000027951331-1 -03/04/99-01038-017 ****141.25 ****141.25 56 3-2-99			

**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 *Shelly Rubin* DATE 12/18/98  
 Typed or Printed Name of General Partner Signing Form Shelly Rubin Daytime Telephone Number 305/485-3000

CR2E003 (8/98)