

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A18927**

1. Entity Name  
**PARKVIEW PARTNERSHIP, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 26 AM 3: 05

Principal Place of Business 760 NW 107 AVE SUITE 300 MIAMI FL 33172	Mailing Address 760 NW 107 AVE SUITE 300 MIAMI FL 33172-3157
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2505057</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>RUBIN, SHELLY</b> 760 NW 107 AVE SUITE 300 MIAMI FL 33172				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$5,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>G688990</b> <b>PARKVIEW AT PEMBROKE PT</b> <b>760 NW 107 AVE SUITE 300</b> <b>MIAMI FL 33172</b>	STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	<b>000003260010--9</b>
		CITY - ST - ZIP	<b>-05/22/00--01003--022</b>
			<b>****141.25 ****141.25</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
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		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Arthur J. Lieberman for Parkview at Pembroke Point 4/19/00 305/485-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER it's general Partner Date Daytime Phone #

CR2E103 (9/99)