



**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A18927</b> 1. Entity Name <b>PARKVIEW PARTNERSHIP, LTD.</b>					
Principal Place of Business <b>1601 WASHINGTON AVE., SUITE 800</b> <b>MIAMI BEACH, FL 33139</b>			Mailing Address <b>1601 WASHINGTON AVE., SUITE 800</b> <b>MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03232004    Chg-LP    CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>59-2505057</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RUBIN, SHELLY</b> <b>1601 WASHINGTON AVE., SUITE 800</b> <b>MIAMI BEACH, FL 33139</b>				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$5,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	<b>G68990</b>		STREET ADDRESS		
NAME	<b>PARKVIEW AT PEMBROKE PT</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>1601 WASHINGTON AVE., SUITE 800</b>		CITY-ST-ZIP		
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>		CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
ex: <i>Paula J. Cook, managing member, for: Parkview at Pembroke Pointe, Inc.</i>					
SIGNATURE: <i>Paula Cook</i>		Paula J. Cook		4/13/04    (305) 695-5500	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #</small>					

STAPLE CHECK HERE