2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005 FILED

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	1. Entity Nam					CUUJ JUN 13 TH 19 40
	PARKVIEW PARTNERSHIP, LTD.					SECRETARY OF STATE TALLAHASSEE, FLORIDA
	Principal Place of Business 1601 WASHINGTON AVE., SUITE 800 MIAMI BEACH, FL 33139			Mailing Address 1601 WASHINGTON AVE., SUITE 800 MIAMI BEACH, FL 33139		
-	2. Principal Place of Business		3. Mailing Address	3. Mailing Address		
ŀ	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04152005 Chg-LP CR2E003 (10/03)
	City & State		City & State	City & State		4. FEI Number Applied For 59-2505057 Not Applicable
	Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required
[6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
	DIDIN CHELLY				Name	Zena Dickstein
	RUBIN, SHELLY 1601 WASHINGTON AVE., SUITE 800 MIAMI BEACH, FL 33139		ı		Street Address ((P.O. Box Number is Not Acceptable)
-				ita caninta	City	FL 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 a the obligations of registered agent.					
	Arata . Zena Dickstein Vice President					
-	SIGNATURE Signature, typing or printed name of registered agent and title if applicable.					DATE
	9 Capital Contributions as Shown on record. \$5,000.00 in FLORIDA to date				butions	
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					TERED AND ACTIVE WITH THIS OFFICE.
	NOTE: General Partners MAY NOT be changed on the GENERAL PARTNER INFORMATION				·	<u> </u>
	12. GENERAL PARTNER INFORMATION DOCUMENT G68990			13.		ADDRESS CHANGES ONLY
	NAME STREET ADDRESS	PARKVIEW AT PEMBROKE F 1601 WASHINGTON AVE., SU	•	STREET ADDRESS		000056153560 06/14/0501050006 **141.25
	CITY-ST-ZIP	MIAMI BEACH, FL 33139		_	'-ST-ZIP	00/1//00 01000 001
	NAME STREET ADDRESS				EET ADDRESS	
-	CITY-ST-ZIP DOCUMENT #			CITY	-ST-ZIP	
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	DOCUMENT # NAME STREET ADDRESS			STRE	EET ADDRESS	
CHECK HERE	CITY-ST-ZIP			CITY	'-ST-ZIP	
<u> </u>	NAME			STRI	EET ADDRESS	
STAPLE CH	STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP	
	NAM **			STR	EET ADDRESS	
	STREET ADDRESS CITY-91-ZIP				'-ST-ZIP	
	14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statules. I further certify that the info 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 partner or trustee empowered to execute this report as required by Chapter 620. Florida Statutes Parkview at Pembroke Pointe, Inc., managing member					ection 119.07(3)(i), Florida Statules. I further certify that the information nade under oath; that I am a General Partner of the limited partnership or
- [ke Pointe, Inc., managin	n membe		
-	SIGNAT	URE: BY	~11/5pg_	$\overline{}$	Steven N. Bje	erke 4/38/05 (305) 695-5500