

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A18927**

1. Entity Name
PARKVIEW PARTNERSHIP, LTD.



FILED

03 MAY 22 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**760 NW 107 AVE
SUITE 300
MIAMI FL 33172**

Mailing Address
**760 NW 107 AVE
SUITE 300
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1601 Washington Ave., Suite 800
Miami Beach, FL 33139**

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Miami Beach, FL 33139**

DUE BY MAY 1, 2003

4. FEI Number **59-2505057**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUBIN, SHELLY
760 NW 107 AVE
SUITE 300
MIAMI FL 33172**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1601 Washington Ave., Suite 800
Miami Beach, FL 33139**

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 accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$5,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **G68990**
NAME **PARKVIEW AT PEMBROKE PT**
STREET ADDRESS **760 NW 107 AVE SUITE 300**
CITY-ST-ZIP **MIAMI FL 33172**

STREET ADDRESS **1601 Washington Ave., Suite 800**
CITY-ST-ZIP **Miami Beach, FL 33139**

DOCUMENT # **600019681836**
NAME **05/22/03--01001--027 **141.25**

DOCUMENT #
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CITY-ST-ZIP

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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.

By: **Arthur J. Lieberman, Managing member, Br. Parkview at Pembroke Pointe, INC**
SIGNATURE: **4/28/03 305-695-5500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

0002460 AV

CR2E003 (10/02)