

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

<b>DOCUMENT # A20855</b>	
1. Entity Name LAKEVIEW 436 ASSOCIATES LTD.	



FILL  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 23 PM 3:00

Principal Place of Business 2295 CORPORATE BOULEVARD, N.W. SUITE 222 BOCA RATON, FL 33431	Mailing Address 2295 CORPORATE BOULEVARD, N.W. SUITE 222 BOCA RATON, FL 33431
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01052005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2612728	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HERRICK, NORTON 2295 CORPORATE BOULEVARD SUITE 222 BOCA RATON, FL	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 accept the obligations of registered agent.

SIGNATURE	DATE
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9. Capital Contributions as Shown on record. \$7,500.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	A28801	STREET ADDRESS	
NAME	LAKEVIEW-NORT, LTD.	CITY-ST-ZIP	
STREET ADDRESS	2295 CORPORATE BLVD #222		
CITY-ST-ZIP	BOCA RATON, FL 33431		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			

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FF \$141.25  
OES 8.75

STAPLE CHECK HERE

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: <i>[Signature]</i>	Date: 3/22/05	Daytime Phone #
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