FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED

1999	DIVISION OF COR	RPORATIONS	ea FFR 2	3 PM 1: 15	
1. Name of Limited Partnership	1a. DOCUMENT # A30279		SEGNETARY OF STATE TALLAHASSEE, FLORIDA		
LAKEVIEW HOLDINGS, LTD.				1888 (BIN 848) BION BION BION BION BION BION	
Mailing Address 701 BRICKELL AVE., SUITE 850 MIAMI FL 33131	Principal Office Address 701 BRICKELL AVE . SUITE 850 MIAMI FL 33131		06/18/1990 3a. Date of Last Report 12/26/1997	5a. Capital Contributions as Shown on record \$10,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		. State or Country of Formation	to date:	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		65-0201611	Applied For Not Applicable	
Zip Country	Zip C	ountry	Certificate of Status Desired Make check payable to Dept of	\$8.75 Additional Fee Required State (See reverse side for fee information)	
for the purpose of changing its registered office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATIO		Name Street Address (P.O. Box Number Is Not Acceptable) 1200 Brickell Avenue Suite Apr #. etc 19th Floor			
ML	IST BE REGISTERED AND	ACTIVE WITH	THIS OFFICE.	Parietation/	
LAKEVIEW HOLDINGS, INC. LAKEVIEW HOLDINGS, LIMITED	11a. (Do NOT Use Post Office Box 6 701 BRICKELL AVE., #1 4 COLUMBUS CENTRE, WI	Numbers) TTD.	City, State & Zip Code MIAMI, FL TOWN, TORTOLLA,	11c. Document Number L77841 F93000001995	
Note: General partners MAY NO 12. I do hereby certify that the information supplied w Corporations from any liability of non-compliance		ualify for the exemption state	ed in Section 119 07(3)(k), Florida S	ange a general partner. Statutes I release the Division of	
	with Section 119.07(3)(k) in the event that the inform y signature shall have the same legal effects as if m				

required by chapter 620, Florida Statutes.

SIGNATURE

John S. Sullivan Typed or Printed Name of General Partner Signing Form

2-19-99

Daytime Telephone Number_

(305) 381-8340