

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

FILED

04 APR 20 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A30279**

1. Entity Name  
**LAKEVIEW HOLDINGS, LTD.**



Principal Place of Business  
**801 BRICKELL AVE., 16TH FLOOR  
MIAMI, FL 33131**

Mailing Address  
**801 BRICKELL AVE., 16TH FLOOR  
MIAMI, FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092004

Chg-LP

CR2E003 (10/03)

4. FEI Number

**65-0201611**

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

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324**

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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$10,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # **L77841**  
NAME **LAKEVIEW HOLDINGS, INC.**  
STREET ADDRESS **801 BRICKELL AVE., 16TH FLOOR**  
CITY - ST - ZIP **MIAMI, FL 33131**

STREET ADDRESS  
CITY - ST - ZIP  
**300034811473**  
**04/30/04--01018--028 \*\*1093.75**

DOCUMENT # **F93000001995**  
NAME **LAKEVIEW HOLDINGS, LIMITED**  
STREET ADDRESS **4 COLUMBUS CENTRE, WICKHAMS CAY,**  
CITY - ST - ZIP **ROAD TOWN, TORTOLLA, B.V.I.,**

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
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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)(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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/12/04**

Date

**305-381-8340**

Daytime Phone #

STAPLE CHECK HERE