

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 18 AM 9:23

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**



01082008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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.

700125265997
04/23/08--01016--006 **1300.00

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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

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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/8/08

Date

(305) 381-8340

Daytime Phone #

STAPLE CHECK HERE

4/21/08