


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # A30568	
1. Entity Name LAKEVIEW RENTAL HOUSING LIMITED PARTNERSHIP	

Principal Place of Business 8500 NORTHWEST 25TH AVENUE MIAMI, FL 33147	Mailing Address 8500 NORTHWEST 25TH AVENUE MIAMI, FL 33147
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02042008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0218771	Applied For <input type="checkbox"/> 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
URBAN LEAGUE HOUSING PARTNER, INC. 8500 NORTHWEST 25TH AVENUE MIAMI, FL 33147

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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	N39810	STREET ADDRESS	
NAME	GMN AFRDBL. HSNB. PTRNR.	CITY-ST-ZIP	
STREET ADDRESS	1460 BRICKELL AVE., #309		
CITY-ST-ZIP	MIAMI, FL		
DOCUMENT #	N39811	STREET ADDRESS	
NAME	URBAN LEAGUE HSNB. PTRNR.	CITY-ST-ZIP	
STREET ADDRESS	8500 N.W. 25TH AVE.		
CITY-ST-ZIP	MIAMI, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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02/27/08-80015-016 508.75

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:

[Handwritten Signature]

02/06/08 305/696-4450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STATE OF FLORIDA