

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018989 AB

**DOCUMENT # A32391**

1. Entity Name  
**GOLF VIEW PARTNERS, LTD.**

**FILED**

Principal Place of Business: **8654 PONTCHARTRAIN BLVD., SUITE 4 NEW ORLEANS LA 70124**  
 Mailing Address: **8654 PONTCHARTRAIN BLVD., SUITE 4 JAN 19 AM 9:30 NEW ORLEANS LA 70124**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>72-1201072</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

**MCMILLAN, JOHN E**  
**9385 N. 56TH, SUITE 200**  
**TEMPLE TERRACE FL 33617**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$1,793,999.00**      10. Amount of Capital Contributions in FLORIDA to date.      11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>F93000000563</b> <b>CONTEMPORARY DEVELOPMENTS, INC.</b> <b>8654 PONTCHARTRAIN BLVD., SUITE 4</b> <b>NEW ORLEANS LA 70124</b>	STREET ADDRESS CITY-ST-ZIP	<b>800003576368-1</b> <b>-01/26/01--01046--012</b> <b>***526.25 ***526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>PELIAS, GUS M., JR.</b> <b>1809 MILAN STREET</b> <b>NEW ORLEANS LA 70115</b>	STREET ADDRESS CITY-ST-ZIP	<b>PAID</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>AMOUNT</b> _____
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>CHECK #</b> _____
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>DATE</b> _____
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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:** **REQUIRED**      **1/15/01**      **504/283-2595**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)