

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR -7 AM 8:18



1. Name of Limited Partnership
PARK VIEW ESTATES, LTD.

1a. DOCUMENT #
A95000001534

Mailing Address 2121 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES FL 33134	Principal Office Address 2121 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES FL 33134
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 10/12/1995	5a. Capital Contributions as Shown on record. \$4,117,121.00 ✓
3a. Date of Last Report 02/09/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number APPLIED FOR 65-0651758	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

WOLFE, LEON J ESQ.
C/O BERMAN, WOLFE & RENNERT, P.A.
100 SOUTHEAST SECOND STREET, 35TH FLOOR
MIAMI FL 33131-2130

LP 3111

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CORNERSTONE PARK VIEW LTD.	2121 PONCE DE LEON BL	CORAL GABLES FL 33134	A95000001533 ✓
TACOLCY PARK VIEW, INC.	645 N.W. 62ND STREET,	MIAMI FL 33150	P98000000534 ✓

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Jorge Lopez* DATE **3/3/97**

Typed or Printed Name of General Partner Signing Form **JORGE LOPEZ** Daytime Telephone Number **305-443-8288**

CR2E003 (11/96)