

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
Dec 08 1997 8:00 am  
Secretary of State

1. Name of Limited Partnership

1a. DOCUMENT #  
A96000000837

ARBOR VIEW, LTD.

Mailing Address

Principal Office Address

P.O. BOX 369  
BONITA SPRINGS FL 34133-0369

3575 BONITA BEACH ROAD  
BONITA SPRINGS FL 34134

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

05/01/1996

3a. Date of Last Report

01/02/1997

4. State or Country of Formation

FL

6. FEI Number

65-0660588

7. Certificate of Status Desired

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as Shown on record.

\$1,000.00

5b. Amount of Capital Contributions in FLORIDA to date:

☐ Applied For  
☒ Not Applicable

\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent

10. If changed, now Registered Agent/Office

ERDMAN, GREGORY A  
3575 BONITA BEACH ROAD  
BONITA SPRINGS FL 34134

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

ARBOR VIEW, INC.

~~P.O. BOX 369~~

BONITA SPRINGS FL 341

P96000037697

3645 Bonita Beach Road SW Suite 3

34134

600002375906-5  
-12/17/97-0117-001  
\*\*\*\*165.00 \*\*\*\*165.00

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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

Gregory A. Erdman

12-3-97  
941-992-8833

CR2E003 (6/97)