


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A96000000837 1. Entity Name ARBOR VIEW, LTD.	
---	---

Principal Place of Business 3645 BONITA BEACH ROAD, #3 BONITA SPRINGS, FL 34134	Mailing Address P.O. BOX 369 BONITA SPRINGS, FL 34133-0369
---	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---

6. Name and Address of Current Registered Agent ERDMAN, GREGORY A 3645 BONITA BEACH RD., #3 BONITA SPRINGS, FL 34134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	100037850361 06/10/04--01080--010 **97.50 100037850361 06/10/04--01080--011 **437.50
---	---

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
--	--

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 #	P96000037697	STREET ADDRESS	
NAME	ARBOR VIEW, INC.	CITY - ST - ZIP	
STREET ADDRESS	3645 BONITA BEACH ROAD, #3		
CITY - ST - ZIP	BONITA SPRINGS, FL 34134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Greg Erdman	4-28-04 <small>Date</small>	(239) 992-8833 <small>Daytime Phone #</small>
--	--------------------	---------------------------------------	---

FILED

04 JUN -4 PM 3:36

SECRETARY OF STATE



04022004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0660588	Applied For Not Applicable
---	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
---	--

STAPLE CHECK HERE