

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 8:23

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 1084 Business Lane Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1318 Suite, Apt. #, etc.	
City & State Naples, FL Zip 34110 Country		City & State Bonita Springs, FL Zip 34133 Country	
4. FEI Number 65-0660588		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
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 Gregory A Erdman Street Address (P.O. Box Number is Not Acceptable) 1084 Business Lane City Naples FL Zip Code 34110	
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 Gregory A Erdman DATE 3-29-06 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000037697 ARBOR VIEW, INC. 3645 BONITA BEACH ROAD, #3 BONITA SPRINGS, FL 34134	STREET ADDRESS CITY-ST-ZIP	1084 Business Lane Naples, FL 34110
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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: Gregory A Erdman 3-29-06 (239)592-7499 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>			

STAPLE CHECK HERE