


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR -7 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Principal Place of Business 1084 BUSINESS LANE NAPLES, FL 34110	Mailing Address P.O. BOX 1318 BONITA SPRINGS, FL 34133-0369
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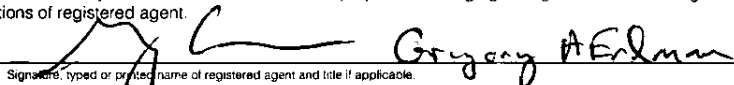
2. Principal Place of Business - No P.O. Box # 1004 Collier Center Way	3. Mailing Address
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc.
City & State Naples, Florida	City & State
Zip 34110	Country USA

03022007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0660588	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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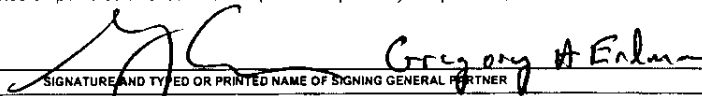
6. Name and Address of Current Registered Agent ERDMAN, GREGORY A 1084 BUSINESS LANE NAPLES, FL 34110	7. Name and Address of New Registered Agent Name Erdman, Gregory A Street Address (P.O. Box Number is Not Acceptable) 1004 Collier Center Way, Ste 102 City Naples FL Zip Code 34110
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8. 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>	DATE 3-2-07

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	P96000037697	STREET ADDRESS	1004 Collier Center Way, Ste 102
NAME	ARBOR VIEW, INC.	CITY-ST-ZIP	Naples, FL 34110
STREET ADDRESS	1084 BUSINESS LANE		
CITY-ST-ZIP	NAPLES, FL 34110		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400092350664
NAME		CITY-ST-ZIP	03/13/07--01020--003 **508.75
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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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	DATE 3-2-07 (239)592-7499 <small>Date Devote Phone #</small>

STAPLE CHECK HERE