2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE: .

Jan 14, 2008 08:00 A Secretary of State **DOCUMENT # A96000000837** 1. Entity Name ARBÓR VIEW, LTD. Mailing Address Principal Place of Business 1004 COLLIER CENTER WAY P.O. BOX 1318 BONITA SPRINGS, FL 34133-0369 SUITE 102 NAPLES, FL 34110 01082008 No Chg-LP CR2E003 (12/06) Applied For 4. FEI Number 65-0660588 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **ERDMAN, GREGORY A** 1004 COLLIER CENTER WAY STE 102 NAPLES, FL 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, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION 12. P96000037697 DOCUMENT # NAME ARBOR VIEW, INC. STREET ADDRESS 1004 COLLIER CENTER WAY STE 102 City-St-7P NAPLES, FL 34110 U00000784677 DOCUMENT # 01/16/08-80066-001 508.75 STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS 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

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