

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000837**

1. Entity Name  
**ARBOR VIEW, LTD.**



FILED

03 APR 30 AM 5:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0660588**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ERDMAN, GREGORY A  
3645 BONITA BEACH RD., #3  
BONITA SPRINGS FL 34134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$1,000,000.00**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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**  
NAME **ARBOR VIEW, INC.**  
STREET ADDRESS **3645 BONITA BEACH ROAD, #3**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

STREET ADDRESS **200017543892**  
CITY-ST-ZIP **04/30/03--01022--015 \*\*535.00**

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CITY-ST-ZIP

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CITY-ST-ZIP **04/30/03 01022 015 \*\*535.00**

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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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-22-03 (239) 992-8533**  
Date Daytime Phone #

0015403 AT

CR2E003 (10/02)

STAPLE CHECK HERE