

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000001692**

1. Entity Name

**GOLFVIEW APARTMENTS ASSOCIATES, LTD.**



Principal Place of Business

**730 THIRD AVENUE, 9TH FLOOR  
NEW YORK NY 10017**

Mailing Address

**730 THIRD AVENUE, 9TH FLOOR  
NEW YORK NY 10017**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt # etc

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E003 (11/03)

4. FEI Number

**59-3401567**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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.

**\$100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$100.00**

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 # **809076**  
NAME **TEACHERS INSURANCE & ANNUITY ASSOC OF AMER**  
STREET ADDRESS **730 THIRD AVENUE, 9TH FLOOR**  
CITY - ST - ZIP **NEW YORK NY 10017**

STREET ADDRESS

CITY - ST - ZIP

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05/10/04-80011-008 141.25**

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

**Teachers Insurance and Annuity Association of America**

**SIGNATURE:**

*Mark L. Serlen*

By: **Mark L. Serlen, Asst. Secretary** 04/15/04 (212)916-4256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE