200 ⁻	1 UNII	FOR	M BUS	INE	ESS REP	ORT	(UB	R)							
DOCUMENT # B9600000485 1. Entity Name											•				
CRESTVIEW RV PARK, LTD.								FILED							
Principal Plac	ce of Business			Ma	ailing Address				01	APF	R 23 AH 10	: 34			
2733 ROSS CLARK CIRCLE DOTHAN AL 36301				P.O. BOX 5566 DOTHAN AL 36302				*1.	SECRETARY OF STATE TALLAHASSEE, FLORIDA						
2. Principal Place of Business					Mailing Address] [IN IDIRA DISIL DONI DANI	OBJIK BOIĞI O			
Suite, Apt. #, etc.				S	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State				C	City & State				4. FEI Number 72-1363532				Applied F Not Appli		
Zip		Count	У	Z	qi.	Cou	ntry		5. Certifi	cate of	f Status Desired			75 Additional Required	
	6. Name	and Add	ress of Curren	t Regist	ered Agent				7. Name	and A	ddress of New Re	gistered /	\gen	t	
							Name								
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD							Street A	ddress (I	P.O. Box Nu	ımber i	is Not Acceptable)				
PLANTATION FL 33324									-						
I PHAINIGH I F GOET							-							Y - O - 1 -	
							City					FL	. 4	Zip Code	
8. The above				•	urpose of changing i						in the State of Flor			····	-
								ure required	when reinstating	" . T	11. MAKE CHECK	DATE	TO C	PEPT OF STATE	:
9. Capital Contributions as Shown on record. 10. Amount of Capital in FLORIDA to da A GENERAL PARTNER THAT IS A BUSINESS ENT								<u> </u>)		SEE REVERS	E SIDE FO	R FEE	INFORMATIO	
	NOTE:	Genera	AL PARINER al Partners M	I HAI II TON YA	S A BUSINESS E	NIIIY W the form	IUSI BE I	ndmen	t must be	filed i	to change a ger	neral par	Iner.		
12. GENERAL PARTNER INFORMATION											ADDRESS CHA				
DOCUMENT / NAME	ARONOV, JAKE F TADORESS 3500 EASTERN BLVD.						EET ADDRESS		,					-	
							r-ST-ZIP			4.	0000 4	1 ===	<u>, I</u>	C4	
DOCUMENT # NAME	ARONOV, OWEN W						EET ADDRESS			· • •	-05/08	/011	011	41004 ***141	
STREET ADDRESS CITY-ST-ZIP	3500 EASTERN BLVD. MONTGOMERY AL 36116						/+ST-ZIP					11120			_0
DOCUMENT #	BLUMBERG	, LARRY	/ G			STR	EET ADDRESS							*	·
	2733 ROSS DOTHAN AL			•		CITY	(-ST-ZIP								
	BLUMBERG					STR	EET ADDRESS					·			
CITY-ST-ZIP	2733 ROSS Dothan Al					CITY	-ST-ZIP								
NAME CONTRACTOR						STR	EET AODRESS								
STREET_ADDRESS	I					CITY.	CT 7IO								

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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER