2003 LIMITED PARTNERSHIP

UNIFORM BUSINESS REPORT (UBR)					
DOCUMENT # B9600000485 1. Entity Name CRESTVIEW RV PARK, LTD.					FILED
			į		03 APR-7. AN. 4: 33
2733 ROSS CLARK CIRCLE P.O. I		Mailing Address P.O. BOX 5566 DOTHAN AL 36302	P.O. BOX 5566		SECTION OF STATE TALEATIASSEE, FLORIDA
Principal Place of Business 3. Mailing Add			dress		- -
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003
City & State		City & State	City & State		4. FEI Number 72-1363532 Applied For Not Applicable
Zip	Country	Zip	Count	ry	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM			}		(P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			-		(1.0. Dox Number 15 Hot 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 a the obligations of registered agent.					
SIGNATURE	Signature, typed or printed name of registered age	nt and title if continoble			DATE
9. Capital Contributions as Shown on record. 10. Amount of Capital in FLORIDA to date the state of the stat				outions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
					TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.
12.					ADDRESS CHANGES ONLY
DOCUMENT # NAME	ARONOV, JAKE F 3500 EASTERN BLVD. MONTGOMERY AL 36116		STREE	ET ADDRESS	· ·
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	
DOCUMENT #	ARONOV, OWEN W 3500 EASTERN BLVD.		STREE	ET ADDRESS	600015436716 04/07/0301067024 **141 25
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	00000000000000000000000000000000000000
DOCUMENT # NAME	BLUMBERG, LARRY G		STREE	T ADDRESS	,
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	
DOCUMENT # NAME BLUMBERG, RICHARD H			STREE	T ADDRESS	RV
STREET ADDRESS CLARK CIRCLE DOTHAN AL 36301		CITY-	ST-ZIP		
DOCUMENT # NAME			STREE	T ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	
DOCUMENT / NAME			STREE	T ADDRESS	
STREET ADDRESS			CITY-	ST-ZIP	

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: