DOCUMENT # A9500000459 1. Entity Name					
GREEN VISTA APARTMENTS, LTD.					FILED
9155 SOUTH DADELAND BLVD SUITE 1812 S		Mailing Address 9155 SOUTH DADELAND SUITE 1812 MIAMI FL 33156	9155 SOUTH DADELAND BLVD SUITE 1812		O2 APR 18 PM 2: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 3. Mailing		3. Mailing Address	Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u> </u>	DUE BY MAY 1, 2002
City & State		City & State	City & State		4. FEI Number CE-OECEC22 Applied For
Zip			Country		5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
GREEN, ELIZABETH A ESQ. 7700 NORTH KENDALL DR: SUITE 200 MIAMI FL 33156			ļ-	Street Address (P.O. Box Number is Not Acceptable) 9155 South Dadeland, Blvd, Suite 1812 City FL Zip Code	
8. The above named entity adposits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicates. 9. Capital Contributions as Shown on record. \$1,772,695.00 10. Amount of Capital Contributions in FLORIDA to date. \$1,772,695.00 11. MAKE CHECK PAYABLE TO 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.					
DOCUMENT #	GENERAL PARTNER INFORMATION M33260				ADDRESS CHANGES ONLY
NAME Street address City+St-Zip	DESIGN CORPORATION OF AMERICA, II 9155 SOUTH DADELAND BLVD., #1812 MIAMI FL 33156		STREET CITY-ST	ADDRESS	0000053498309
DOCUMENT # NAME	P95000020988 GREEN VISTA APARTMENTS, INC. 490 OPA-LOCKA BLVD., #20 OPA LOCKA FL 33054		STREET	ADDRESS	-04/26/0201003003 ****526.25 ****526.25
STREET ADDRESS CITY-ST-ZIP			CITY-ST	-ZIP	
DOCUMENT / NAME STREET ADDRESS			STREET A	ADDRESS	
CITY-ST-ZIP			CITY-ST	- ZIP	
NAME Street address			STREET A	ADDRESS	
CITY-ST-ZIP DOCUMENT #			CITY-ST-	- ZIP	
NAME STREET ADDRESS			STREET A		
CITY-SY-ZIP DOCUMENT #		·	CITY-ST-		
NAME STREET ADDRESS CITY-ST-ZIP			STREET AL		
14. I hereby certify that the information supplied with this filling 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 DESIGN CORPORATION OF AMERICA, II, a Fia. corp., General Partner					
SIGNATURE: By Charles Not of Armacica, II, a Fla. corp., General Partner SIGNATURE: By Charles Not of Signific General Partner Date Date Date Date Date Date Date Date					