

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A95000000459**

1. Entity Name

GREEN VISTA APARTMENTS, LTD.



Principal Place of Business

9155 SOUTH DADELAND BLVD  
SUITE 1812  
MIAMI, FL 33156

Mailing Address

9155 SOUTH DADELAND BLVD  
SUITE 1812  
MIAMI, FL 33156



04012008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0565633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREEN, ELIZABETH A ESQ.  
9155 SOUTH DADELAND BLVD  
SUITE 1812  
MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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

DOCUMENT # M33260  
NAME DESIGN CORPORATION OF AMERICA, II  
STREET ADDRESS 9155 SOUTH DADELAND BLVD., #1812  
CITY - ST - ZIP MIAMI, FL 33156

DOCUMENT # P95000020988  
NAME GREEN VISTA APARTMENTS, INC.  
STREET ADDRESS 490 OPA-LOCKA BLVD., #20  
CITY - ST - ZIP OPA LOCKA, FL 33054

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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05/05/08-80041-022 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/08

Date

(305) 670-1000

Daytime Phone #

STAPLE CHECK HERE