2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

Due By May 1, 2008DOCUMENT #A02000001270

1. Entity Name

FLATAUR VISTA CENTER, LTD.



Principal Place of Business

Mailing Address

1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442 FILED Feb 21, 2008 08:00 A Secretary of State



01072008 No Chg-LP

CR2E003 (12/06)

4.	FEI No	ımber	•
02-0646657			

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAY, JAMES R ESQ KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING., STE 102B PALM BEACH GARDENS, FL 33410

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	G00000924142
•	n2/28/N8-8NN4N-n19 5ng 75
SIGNATURE	USASSA SA S

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 # NAME STREET ADDRESS CITY STEZIP	P02000102095 CD74, INC. 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442
NAME STREET ADDRESS CITY ST ZIP	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS CITY ST-ZIP	contity that the information supplied with this filling does not qualify for

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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 employered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF

O NAME OF SIGNING GENERAL PARTNER

18-Feb-2008

954-458-4583

Daytime Phone #