

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 MAY 24 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000083

1. Entity Name
ATHENA VISTA, LTD.



Principal Place of Business
1900 W. COMMERCIAL BOULEVARD STE.200
FORT LAUDERDALE, FL 33394

Mailing Address
1900 W. COMMERCIAL BOULEVARD STE.200
FORT LAUDERDALE, FL 33394

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04232007 Chg-LP CR2E003 (12/06)

4. FEI Number
68-0538010

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip
33309

Country

Zip
33309

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYLE, CONRAD J
500 EAST BROWARD BOULEVARD STE. 1950
FORT LAUDERDALE, FL 33394

Name

Street Address (P.O. Box Number is Not 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 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, 2007, 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P03000004491
NAME KEENAN VISTA, INC.
STREET ADDRESS 1900 W. COMMERCIAL BOULEVARD STE.200
CITY-ST-ZIP FORT LAUDERDALE, FL 33394

STREET ADDRESS
CITY-ST-ZIP 33309

DOCUMENT # P03000004493
NAME KEISER VISTA, INC.
STREET ADDRESS 1900 W. COMMERCIAL BOULEVARD, SUITE 175
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

STREET ADDRESS
CITY-ST-ZIP 33309
700103635327
05/01/07-01040-001 **500.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 300103987893
06/06/07-01040-019 **250.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 300103987893
06/06/07-01040-020 **250.00

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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

RPX

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

04-24-2007 954-776-6700

Date

Daytime Phone #

STAPLE CHECK HERE