

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A04000000409

1. Entity Name  
EMERALD VISTA LIMITED PARTNERSHIP



05 APR 12 PM 3:47

TALLAHASSEE, FLORIDA MJH

Principal Place of Business  
22 PELICAN ISLE  
FORT LAUDERDALE, FL 33301 US

Mailing Address  
22 PELICAN ISLE  
FORT LAUDERDALE, FL 33301 US



2. Principal Place of Business

3. Mailing Address

03172005 Chg-LP CR2E003 (10/03) 4/12

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
10-0863811

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DISQUE, PHILIP  
707 SE 3RD AVENUE  
SUITE 400  
FORT LAUDERDALE, FL 33316

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

9. Capital Contributions as Shown on record. \$155,478.00

10. Amount of Capital Contributions in FLORIDA to date. 233,217.00

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 # P98000028537  
NAME EMERALD VISTA INC.  
STREET ADDRESS 22 PELICAN ISLE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000050545150  
04/12/05--01057--006 \*\*526.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4 Apr 2005 9545259607

STAPLE CHECK HERE