

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A18124**

1. Entity Name  
**VISTA LIMITED**



Principal Place of Business  
**P.O. BOX 620365**  
**ORLANDO, FL 32862**

Mailing Address  
**P.O. BOX 620365**  
**ORLANDO, FL 32862**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**59-2469626**

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

**LEE, RICHARD T**  
**7050 AUGUSTA NATIONAL DR.**  
**ORLANDO, FL 32822**

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. **\$985.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 # **H20996**  
NAME **LEE PROPERTIES, INC.**  
STREET ADDRESS **7050 AUGUSTA NAT'L DRIVE**  
CITY - ST - ZIP **ORLANDO, FL**

STREET ADDRESS

CITY - ST - ZIP

1100000196908

01/26/05-80088-003 141.25

DOCUMENT #

NAME

STREET ADDRESS

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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

**LEE PROPERTIES, INC., GENERAL PARTNER**

**SIGNATURE:**

**RICHARD T. LEE**

**1-06-2005**

**407-857-2835**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE