

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A21690**

1. Entity Name  
**GOLDEN VISTA APARTMENTS, LTD.**



**FILED**

**03 MAY -2 PM 2:51**

Principal Place of Business  
**C/O DARYL CRAMER & ASSOC., P.A.  
3801 PGA BLVD SUITE 508  
PALM BEACH GARDENS FL 33410-2758**

Mailing Address  
**C/O DARYL CRAMER & ASSOC., P.A.  
3801 PGA BLVD SUITE 508  
PALM BEACH GARDENS FL 33410-2758**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3274355**

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

**DARYL CRAMER & ASSOCIATES, P.A.  
505 NORTH FLAGLER DRIVE, SUITE 910  
WEST PALM BEACH FL 33401-4325**

Name **Daryl Cramer & Associates, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**3801 PGA Boulevard**

**Suite 508**

City

**Palm Beach Gardens**

**FL**

Zip Code

**33410**

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.

**Daryl B. Cramer**

DATE

**5/2/03**

9. Capital Contributions  
as Shown on record. **\$900,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$900,000.00**

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 # **P93000071988**  
NAME **GOLDEN VISTA GENERAL PARTNER, INC.**  
STREET ADDRESS **515 NORTH FLAGLER DRIVE, SUITE 910**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401-3425**

STREET ADDRESS **3801 PGA Boulevard, Suite 508**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33410-2758**

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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:** **Golden Vista General Partner, Inc.**

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Fabrizio Lucchese**

Date

Daytime Phone #

**4-08-03**

**905-882-1212**

CR2E003 (10/02)

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