CR2E003 (9/01)

7002 U	NIFORM BUS	INESS REPO	ORT (U	JBR)			
D CUME 1. Stity Name	NT # A2320)6 www.					
VISTA 3, LTD.					FILED		
to the second se				02 JAN 28 PM IO: 08		28 PM 10: 08	
Principal Place of Business P.O. BOX 620365 ORLANDO FL 32862		Mailing Address P.O. BOX 620365 ORLANDO FL 32862		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Address Mailing Address					-	81111 81111 SHEH 81811 BIBIF \$1811 HBB	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2002			
City & State		City & State		4. FEI Number 59-2728937	Applied For		
Zip Country Zip		Zip	Country		5. Certificate of Status Desired	CR 75 Additional	
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			<u> </u>	Street Address (P.O. Box Number is Not Acceptable)			
			51				
				tu.		□ Zip Code	
8. The above named entity submits this statement for the purpose of changing its regi				FL			
SIGNATURE	e, typed or printed name of registered agent		s registered of		•	ATE	
9. Capital Contributions as Shown on record. \$99.00 in FLORIDA to date.				tributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
N					TERED AND ACTIVE WITH THIS OF it must be filed to change a genera		
12. GENERAL PARTNER INFORMATION					ADDRESS CHANGES ONLY		
NAME LEE STREET ADDRESS 7050	LEE PROPERTIES, INC. 7050 AUGUSTA NATIONAL DR.		STREET ADD				
CITY-ST-ZIP ORL DOCUMENT #	ANDO FL						
NAME STREET ADDRESS			STREET ADI	DRESS	COOO0401	51356 <u>-</u> -2.	
CITY-ST-ZIP			~ ^ = CITY-ST-ZI	P	-01/31/02	201083002	
DOCUMENT # NAME		_	STREET ADD	DRESS	*****88.	75 *****88.75	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZI	Р	<u>6800048</u> 5	5135 <u>6</u> 2	
DOCUMENT # NAME			STREET ADD	DRESS	-01X3V/02 *****52.	2+-01093003 \$2\ *****52.50	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZI	P	60000489	513562	
DOCUMENT # NAME			STREET ADD	DRESS	-01/31/02 ****\$52.	:01083nna	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZI	P			
DOCUMENT #			STREET ADD	DRESS			
STREET ADORESS DITY-ST-ZIE			CITY-ST-ZI	Р			
14. I hereby certify t	hat the information supplied with	this filing doe not qualify to	or the exemption	on stated in Sec	ction 119.07(3)(i), Florida Statutes. I furthe	r 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 the receiver or trustee empowered to execute this eport as required by Chapter 620, Florida Statutes

LEE PROPERTIES, I.C. - GENERAL PARTNER

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEOLO PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #