2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 MAY 15 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A25419

1. Entity Name
Florida Vista, Ltd.

Principal Place of Business	Mailing Address
1211 N. Westshore Blvd. #700 Tampa, FL 33607	1211 N. Westshore Blvd. Suite 700 Tampa, FL 33607

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2854912 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Austin, Alfred S.
1211 N. Westshore Blvd.
Suite 700
Tampa, FL 33607

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE

9. Capital Contributions as Shown on record 3,000,000

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 # / NAME / STREET ADDRESS / CITY ST ZIP	STREET ADDRESS / CITY ST ZIP
DOCUMENT # / NAME / STREET ADDRESS / CITY ST ZIP ASA ONE, L.C. 1408 NO. WESTSHORE BLVD SUITE 1002 TAMPA, FL 33607	STREET ADDRESS / CITY ST ZIP 1211 NORTH WESTSHORE BLVD. SUITE 700 TAMPA, FL 33607
DOCUMENT # / NAME / STREET ADDRESS / CITY ST ZIP ASA TWO, L.C. 1408 NO. WESTSHORE BLVD SUITE 1002 TAMPA, FL 33607	STREET ADDRESS / CITY ST ZIP 1211 NORTH WESTSHORE BLVD. SUITE 700 TAMPA, FL 33607
DOCUMENT # / NAME / STREET ADDRESS / CITY ST ZIP TWO STARS, LTD. 6239 MEDORA ROAD LINTHICUM, M.D. 21090	STREET ADDRESS / CITY ST ZIP 100003289391--8 -06/14/00--01090--014 ****526.25 ****526.25
DOCUMENT # / NAME / STREET ADDRESS / CITY ST ZIP OMAR CORPORATION 1100 LINTON BLVD. - SUITE C-9 DELRAY BEACH, FL 33444	STREET ADDRESS / CITY ST ZIP
DOCUMENT # / NAME / STREET ADDRESS / CITY ST ZIP	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 successor or fiduciary empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ MAY 1, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — DATE