

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

FILED

02 JUL 23 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **A 25419**  
1. Entity Name  
**Florida Vista, Ltd.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1408 N. Westshore Blvd.</b> Suite, Apt. #, etc. <b># 1002</b> City & State <b>Tampa, Florida</b> Zip <b>33607</b> Country		3. Mailing Address <b>1408 N. Westshore Blvd.</b> Suite, Apt. #, etc. <b># 1002</b> City & State <b>Tampa, Florida</b> Zip <b>33607</b> Country	
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DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

4. FEI Number <b>59-2854912</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Austin, Alfred S.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1408 N. Westshore Blvd.**  
City **Tampa** FL Zip Code **33607**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date: <b>\$3,000,000.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>A.S.A. One, LLC 1408 N. Westshore Blvd, Suite 1002 Tampa, Florida</b>	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>A.S.A. Two, LLC 1408 N. Westshore Blvd, Suite 1002 Tampa, Florida</b>	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>Two Stars, Ltd 6239 Medora Road Linthicum, MD 21090</b>	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>Ormar Corporation 1100 Linton Blvd., Suite C-9 DeBary Beach, FL 33444</b>	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE  
IN THIS SPACE**

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:** *Richard C. Ad...* **7/18/02** **(603)559-7100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

By: **Richard C. Ad...**

CR2E003B (12/01)

STAPLE CHECK HERE