2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # A25419

1. Entity Name
FLORIDA/VISTA, LTD.

Principal Place of Business	Mailing Address
1211 N. WESTSHORE BLVD., SUITE 700 TAMPA, FL 33607	1000 MARKET STREET, BUILDING 1 PORTSMOUTH, NH 03801-3358

01062004 Chg-LP CR2E003 (10/03)

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

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	7. Name and Address of New Registered Agent
CRITCHFIELD, RICHARD S 1100 LINTON BLVD., SUITE C-9 DELRAY BEACH, FL 33444	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 _____ 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.
$3,000,000.00	

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 #	L98000001758	STREET ADDRESS	
NAME	A.S.A. ONE, L.C.	CITY-ST-ZIP	
STREET ADDRESS	1211 N. WESTSHORE BLVD.		
CITY-ST-ZIP	TAMPA, FL 33607		
DOCUMENT #	L98000001761	STREET ADDRESS	
NAME	A.S.A. TWO, L.C.	CITY-ST-ZIP	
STREET ADDRESS	1211 N. WESTSHORE BLVD.		
CITY-ST-ZIP	TAMPA, FL 33607		
DOCUMENT #	P99000000085	STREET ADDRESS	
NAME	TWO STARS, LTD.	CITY-ST-ZIP	
STREET ADDRESS	6239 MEDORA ROAD		
CITY-ST-ZIP	LINTHICUM, MD 21090		
DOCUMENT #	P98000037498	STREET ADDRESS	
NAME	ORMAR CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1100 LINTON BLVD., SUITE C-9		
CITY-ST-ZIP	DELRAY BEACH, FL 33444		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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: Ormar Corporation _____ 1-9-2004 (703)559-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Richard C. Fee, Executive Vice President