

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 FLORIDAVISTA, LTD.	
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Principal Place of Business 1211 N. WESTSHORE BLVD., SUITE 700 TAMPA, FL 33607	Mailing Address 1000 MARKET STREET, BUILDING 1 PORTSMOUTH, NH 03801-3358
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01062004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2854912	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent CRITCHFIELD, RICHARD S 1100 LINTON BLVD., SUITE C-9 DELRAY BEACH, FL 33444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

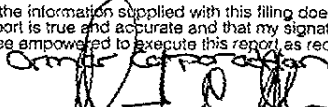
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$3,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L98000001758 A.S.A. ONE, L.C. 1211 N. WESTSHORE BLVD. TAMPA, FL 33607	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L98000001761 A.S.A. TWO, L.C. 1211 N. WESTSHORE BLVD. TAMPA, FL 33607	STREET ADDRESS CITY-ST-ZIP	11000000103684 04/05/04-80066-016 528.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F990000000085 TWO STARS, LTD. 6239 MEDORA ROAD LINTHICUM, MD 21090	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P980000037498 ORMAR CORPORATION 1100 LINTON BLVD., SUITE C-9 DELRAY BEACH, FL 33444	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:  **1-9-2004** **683559-2100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Richard C. Abe, Executive Vice President

STAPLE CHECK HERE