


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A25419		
1. Entity Name FLORIDAVISTA, LTD.		

FILED
2005 APR 25 PM 12: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

01042005 Chg-LP CR2E003 (10/03)

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

6. Name and Address of Current Registered Agent CRITCHFIELD, RICHARD S 1100 LINTON BLVD., SUITE C-9 DELRAY BEACH, FL 33444	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 1001 E. Atlantic Ave	
City Delray Beach	Zip Code FL 33483

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 #	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 #	F99000000085	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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05/12/05 01072 025 **526.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Richard C. Able, Executive Vice Pres.

1/10/05

(403)559-2100