

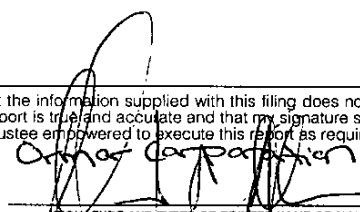


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 27 AM 10:37

DOCUMENT # A25419 1. Entity Name FLORIDA VISTA, LTD.					
Principal Place of Business 1211 N. WESTSHORE BLVD., SUITE 700 TAMPA, FL 33607			Mailing Address 1000 MARKET STREET, BUILDING 1 PORTSMOUTH, NH 03801-3358		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01232006 Chg-LP CR2E003 (11/05)	
City & State		City & State		4. FEI Number 59-2854912	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRITCHFIELD, RICHARD S 1001 E. ATLANTA AVE DELRAY BEACH, FL 33483				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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	900069962429	
NAME	A.S.A. ONE, L.C.		CITY-ST-ZIP	04/10/06--01080--001 **526.25	
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	1001 E. Atlantic Ave, Suite 201	
NAME	ORMAR CORPORATION		CITY-ST-ZIP	DeLray Beach, FL 33483	
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					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. Able, EUP					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small> 1603559-2100

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