

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR -5 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A25419

1. Entity Name
FLORIDAVISTA, 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

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LP

CR2E003 (12/06)

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

CRITCHFIELD, RICHARD S
1001 E. ATLANTA AVE
DELRAY BEACH, FL 33483

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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

DOCUMENT # F99000000085
NAME TWO STARS, LTD.
STREET ADDRESS 6239 MEDORA ROAD
CITY-ST-ZIP LINTHICUM, MD 21090

DOCUMENT # P98000037498
NAME ORMAR CORPORATION
STREET ADDRESS 1001 E ATLANTIC AVE, SUITE 201
CITY-ST-ZIP DELRAY BEACH, FL 33483

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

700096481257
04/11/07--01027--002 **\$26.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE