2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

DOCL	JMENT#	A30221

1. Entity Name VISTA FLORIDA, LTD.



FILED

03 SEP 24 AM 10: 11 SECRETARY OF STATE TALLAHASSEE FLORIDA



Principal Place of Business 8890 SW 129 TERR MIAMI FL 33176

Mailing Address 8890 SW 129 TERR MIAMI FL 33176

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2. Principal Place of Business	P.O.Box 560901
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DUE BY MAY 1, 2003

City	& State
M	iami
Zin	

Country

5. Certificate of Status Desired

65-0200965

Not Applicable \$8.75 Additional

Applied For

7. Name and Address of New Registered Agent

Fee Required

BIRENBAUM, DAVID 8890 SW 129 TERR **MIAMI FL 33176**

Name

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

City

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.

Zip

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

Country

DATE

9. Capital Contributions as Shown on record.

\$7,500.00

6. Name and Address of Current Registered Agent

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	L81694 VISTA FLORIDA, INC.	STREET ADDRESS	
STREET ADDRESS 8890 SW 129 TERR	8890 SW 129 TÉRR MIAMI FL 33176	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	100023303131 09/24/03 01034 002 **550.60
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	##339.00
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	`.
DOCUMENT # NAME	,	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS City-St-Zip		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filling 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:



4/25/03

CR2E003 (10/02)