

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001084

1. Entity Name

GOLDEN VISTA FINANCING PARTNERSHIP, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 AM 10:33

Principal Place of Business

% DARYL B. CRAMER, P.A.  
515 N. FLAGLER DR., SUITE 910  
WEST PALM BEACH FL 33401

Mailing Address

% DARYL B. CRAMER, P.A.  
515 N. FLAGLER DR., SUITE 910  
WEST PALM BEACH FL 33401-4325

2. Principal Place of Business

Daryl Cramer & Assoc., P.A.

3. Mailing Address

c/o Daryl Cramer & Assoc., P.A.

Suite, Apt. #, etc.

515 N. Flagler Dr., #910

Suite, Apt. #, etc.

515 N. Flagler Dr., #910

City & State

W.P.B., FL

City & State

W.P.B., FL

4. FEI Number

65-0461961

Applied For

Not Applicable

Zip

33401

Country

US

Zip

33401

Country

US

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DARYL B. CRAMER, P.A.  
515 N. FLAGLER DR., SUITE 910  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Daryl Cramer & Associates, P.A.

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

515 N. Flagler Dr., #910

City

W.P.B.

FL

Zip Code

33401

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.

SIGNATURE

Signature, typed or printed name of registered agent, if applicable

NOTE: Registered Agent signature required when reinstating

DATE

9. Capital Contributions  
as Shown on record.

\$500,000.00

10. Amount of Capital Contributions

in FLORIDA to date. \$500,000.00

11. MAKE CHECK PAYABLE TO 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

DOCUMENT # P93000071988  
NAME GOLDEN VISTA GENERAL PARTNER, INC.  
STREET ADDRESS 515 N. FLAGLER DRIVE, SUITE 910  
CITY - ST - ZIP WEST PALM BEACH FL 33401

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

FF 526.25  
875

STREET ADDRESS

CITY - ST - ZIP

500003290115--4  
-06/15/00--01004--006  
\*\*\*6420.00 \*\*\*535.00

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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: By

GOLDEN VISTA GENERAL PARTNER, INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Fabrizio Lucchese, Secretary

Date

Daytime Phone #

905/882-121

CR2F003 (9/99)