

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # A93000001084

1. Entity Name
GOLDEN VISTA FINANCING PARTNERSHIP, LTD.



Principal Place of Business
**C/O HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVD., STE. 310
WEST PALM BEACH, FL 33401**

Mailing Address
**C/O HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVD., STE. 310
WEST PALM BEACH, FL 33401**



01302007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0461961

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVD., STE. 310
WEST PALM BEACH, FL 33401**

**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**

**U00000694565
04/17/07-80024-005 508.75**

**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 # **P04000089465**
NAME **GOLDEN VISTA FINANCING G.P., INC.**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD., STE. 310**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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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

March 15/07
905-882-1212

Daytime Phone #

Fabrizio Luchese, Director

STAPLE CHECK HERE