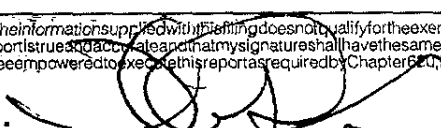


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT# A94000001579			
1. Entity Name VISTA DEL LAGO LIMITED PARTNERSHIP			
Principal Place of Business 4239 NORTH LAKE BLVD., STE. D PALM BEACH GARDENS, FL 33410		Mailing Address 4239 NORTH LAKE BLVD., STE. D PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0533113		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROSSEN, JOSEPH F 4239 NORTH LAKE BLVD., STE. D PALM BEACH GARDENS, FL 33410		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 _____ Signature, typed or printed name of registered agent and if applicable			
9. Capital Contributions as Shown on record: \$5,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 STREET ADDRESS CITY - ST - ZIP	P94000083405 VISTA DEL LAGO DEVELOPMENT CORP. 4239 NORTH LAKE BLVD., STE. D PALM BEACH GARDENS, FL 33410	STREET ADDRESS CITY - ST - ZIP	
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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)(1), Florida Statutes. If further certify that the information indicated on this report is true and correct, 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 there is a receiver or trustee empowered to execute this report as required by Chapter 680, Florida Statutes.			
SIGNATURE: 		Date: 4/4/05 Daytime Phone: 561-626-2728	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone	

STAPLE CHECK HERE