


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

| | |
|---|---|
| DOCUMENT # A94000001579 1. Entity Name VISTA DEL LAGO LIMITED PARTNERSHIP |  |
|---|---|

FILED

06 MAY -1 AM 8:46

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



| | |
|--|--|
| Principal Place of Business 4239 NORTHLAKE BLVD., STE. D PALM BEACH GARDENS FL 33410 | Mailing Address 4239 NORTHLAKE BLVD., STE. D PALM BEACH GARDENS FL 33410 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 3307 Northlake Blvd Suite, Apt. #, etc. Suite 107 | 3. Mailing Address 3307 Northlake Blvd. Suite, Apt. #, etc. Suite 107 |
|---|--|

1st MOORE CR2E003 (10/05)

| | | | |
|---|---------------------------------------|--------------------------------|-------------------------------|
| City & State Palm Bch Gardens FL | City & State Palm Beach Gardens FL | 4. FEI Number 65-0533113 | Applied For Not Applicable |
| Zip 33403 | Country USA | Zip 33403 | Country USA |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent CROSSEN, JOSEPH F 4239 NORTHLAKE 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) 3307 Northlake Blvd. Suite 107 City Palm Beach Gardens FL Zip Code 33403 |
|---|---|

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 title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 STREET ADDRESS CITY-ST-ZIP | P94000083405 VISTA DEL LAGO DEVELOPMENT CORP. 4239 NORTHLAKE BLVD., STE. D PALM BEACH GARDENS FL 33410 | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | 000075023470 05/22/06--01029--003 **500.00 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |

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 #

4/26/06 5616262778

STAPLE CHECK HERE