

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED  
98 DEC 23 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # <b>A94000001813</b>
VISTA LAKES LIMITED	



Mailing Address 15292 SW 17 ST. DAVIE FL 33326		Principal Office Address 15292 SW 17 ST. DAVIE FL 33326		3. Date Formed or Registered 12/23/1994	5a. Capital Contributions as Shown on record. \$441,500.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/22/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required
City & State		City & State		6. FEI Number 65-0529601	
Zip		Country		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent ROBBINS, CHARLES D ESQ 777 BRICKELL AVE. 900 SUB BANK BLDG. MIAMI FL 33131	10. If changed, new Registered Agent/Office Name Charles D. Robbins Kate Barron Squitieri Faust & Berman Street Address (P.O. Box Number is Not Acceptable) 2699 SO Bayshore Drive Suite, Apt. #, etc. City Miami Zip Code FL 33133
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_  
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) DAVENPORT, RICHARD A VISTA DEVELOPMENT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 15292 SW 17 ST. 5901 SW 82 ST.	11b. City, State & Zip Code DAVIE FL SOUTH MIAMI FL	11c. Registration/Document Number P94000079745-2 -01/13/98-01073-014 ***535.00 ***535.00 1-12
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Richard A. Davenport DATE 12/21/98  
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number 954-382-0020

CR2E003 (8/98)