


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000000459

1. Entity Name
GREEN VISTA APARTMENTS, LTD.



Principal Place of Business
9155 SOUTH DADELAND BLVD
SUITE 1812
MIAMI, FL 33156

Mailing Address
9155 SOUTH DADELAND BLVD
SUITE 1812
MIAMI, FL 33156

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



04062005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0565633

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

6. Name and Address of Current Registered Agent
GREEN, ELIZABETH A ESQ.
9155 SOUTH DADELAND BLVD
SUITE 1812
MIAMI, FL 33156

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 title if applicable

9. Capital Contributions as Shown on record. **\$1,772,695.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,772,695.00**

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 #	M33260	STREET ADDRESS	
NAME	DESIGN CORPORATION OF AMERICA, II	CITY-ST-ZIP	
STREET ADDRESS	9155 SOUTH DADELAND BLVD., #1812		
CITY-ST-ZIP	MIAMI, FL 33156		
DOCUMENT #	P95000020988	STREET ADDRESS	
NAME	GREEN VISTA APARTMENTS, INC.	CITY-ST-ZIP	04/30/05-80029-001 526.25
STREET ADDRESS	490 OPA-LOCKA BLVD., #20		
CITY-ST-ZIP	OPA LOCKA, FL 33054		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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.

By: *Elizabeth A. Green*, a Fla. corp, General Partner
SIGNATURE: Elizabeth A. Green Date **4-15-05** Ext. 110 (305) 670-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

By: *Elizabeth A. Green, Vice President*