


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Apr 26, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # A9500000459**  
1. Entity Name  
**GREEN VISTA APARTMENTS, LTD.**



Principal Place of Business <b>9155 SOUTH DADELAND BLVD SUITE 1812 MIAMI, FL 33156</b>	Mailing Address <b>9155 SOUTH DADELAND BLVD SUITE 1812 MIAMI, FL 33156</b>
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04192007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-0565633</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

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

U00000735389  
05/10/07-80031-020 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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: By: *Elizabeth A. Green* **DESIGN CORPORATION OF AMERICA, II**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 Date: **4/24/07** Daytime Phone #: **(305) 670-1000**

**ELIZABETH A. GREEN, VICE PRESIDENT**