


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**FILED**

**Mar 04, 2004 08:00 AM**

**Secretary of State**

**JAN 20 2004**

|   |   |
|---|---|
| <b>DOCUMENT # A97000002399</b><br>1. Entity Name<br><b>VISTA PLAZA LTD.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>3399 PGA BLVD., SUITE 450<br/>PALM BEACH GARDENS FL 33410</b> | Mailing Address<br><b>3399 PGA BLVD., SUITE 450<br/>PALM BEACH GARDENS FL 33410</b> |
|---|---|

|                                |                    |
|--------------------------------|--------------------|
| 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<br><b>65-0792865</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
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|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>PETER D. CUMMINGS &amp; ASSOCIATES, INC.<br/>3399 PGA BLVD., SUITE 450<br/>PALM BEACH GARDENS FL 33410</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.

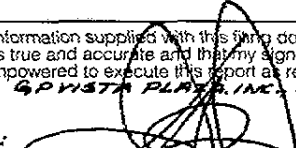
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|--|--|--|
| 9. Capital Contributions as Shown on record. <b>\$1,575,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,155,000.-</b> | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|--|--|--|

**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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>F97000005810<br/>G.P. VISTA PLAZA, INC.<br/>3399 PGA BLVD., SUITE 450<br/>PALM BEACH GARDENS FL 33410</b> | STREET ADDRESS<br>CITY-ST-ZIP | <b>UD00000087455<br/>03/15/04-80011-025 526.25</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP |  |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>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: G.P. VISTA PLAZA, INC., A MICHIGAN CORP., AS GENERAL PARTNER**

**SIGNATURE: By:**  **2-27-04** **(561) 630-6110**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #