


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90232 023 ***158.75

DOCUMENT # P35185	
1. Entity Name THE BEACH CLUB GENERAL PARTNER LIMITED, INCORPORATED	

Principal Place of Business DARYL B CRAMER AND ASSOC., P.A. 3801 PGA BLVD 508 PALM BEACH GARDENS, FL 33410 US	Mailing Address DARYL B CRAMER AND ASSOC., P.A. 3801 PGA BLVD 508 PALM BEACH GARDENS, FL 33410 US
---	---

14008403

2. Principal Place of Business c/o Harris Cramer LLP	3. Mailing Address c/o Harris Cramer LLP 1555 Palm Beach Lakes Blvd.
Suite, Apt. #, etc. 1555 Palm Beach Lakes Blvd., Ste.	Suite, Apt. #, etc. 310 Suite 310
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33401	Country USA



03092005 Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE 65-0652834		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DARYL B CRAMER AND ASSOC., P.A. 3801 PGA BLVD STE 508 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Harris Cramer LLP 1555 Palm Beach Lakes Blvd. Suite 310 West Palm Beach, FL 33401	

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.
Harris Cramer LLP by Daryl Cramer & Associates, P.A., Partner
by **Daryl B. Cramer, President**
DATE **4/26/05**

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, WILLIAM P. 105 WEST BEAVER CREEK, UNIT 9&10 RICHMOND HILL, ONTARIO, CA 14b 1c6 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUCCHESI, FABRIZIO 105 WEST BEAVER CREEK, UNIT 9&10 RICHMOND HILL, ONTARIO, CA 14b 1c6 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **APR 15 2005** Daytime Phone # **905-882-1212**

Fabrizio Lucchese