

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90231 007 \*\*\*158.75

**DOCUMENT # P93000071988**

1. Entity Name  
**GOLDEN VISTA GENERAL PARTNER, INC.**



Principal Place of Business <b>DARYL B CRAMER AND ASSOC., P.A. 3801 PGA BLVD #508 PALM BEACH GARDENS, FL 33410 US</b>	Mailing Address <b>DARYL B CRAMER AND ASSOC., P.A. 3801 PGA BLVD #508 PALM BEACH GARDENS, FL 33410 US</b>
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**14008394**



2. Principal Place of Business <b>c/o Harris Cramer LLP</b>	3. Mailing Address <b>c/o Harris Cramer LLP 1555 Palm Beach Lakes Blvd.</b>
Suite, Apt. #, etc. <b>1555 Palm Beach Lakes Blvd., Ste 310</b>	Suite, Apt. #, etc. <b>Suite 310</b>

03092005 Chg-P CR2E034 (10/03)

City & State <b>West Palm Beach, FL</b>	City & State <b>West Palm Beach, FL</b>	4. FEI Number <b>65-0461956</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33401</b>	Country <b>USA</b>	Zip <b>33401</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>DARYL B CRAMER AND ASSOC., P.A. 3801 PGA BOULEVARD SUITE 508 PALM BEACH GARDENS, FL 33410</b>	7. Name and Address of New Registered Agent Name <b>Harris Cramer LLP</b> Street Address (P.O. Box Number is Not Acceptable) <b>1555 Palm Beach Lakes Blvd.</b> <b>Suite 310</b> City <b>West Palm Beach</b> FL Zip Code <b>33401</b>
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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 *[Signature]* **Harris Cramer LLP by Daryl Cramer & Associates, P.A., Partner**  
by **Daryl B. Cramer, President** 4/26/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$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	PTD MYERS, WILLIAM P 105 W. BEAVER CREEK, UNITS 9&10 RICHMOND HILL ONTARIO, I4b 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	SD LUCCHESI, FABRIZIO 105 W. BEAVER CREEK, UNITS 9&10 RICHMOND HILL ONTARIO, I4b ac6 <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
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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 like empowered.

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