2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
May 03, 2004 08:00 AM
Secretary of State

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1. Entity Name

GOLF TERRACE GENERAL PARTNER, INC.



Principal Place of Business

SIGNATURE:

DARYL CRAMER AND ASSOC., P.A. 3801 PGA BLVD SUITE 580

PALM BEACH GARDENS, FL 33410 U

Mailing Address

DARYL CRAMER AND ASSOC., P.A. 3801 PGA BLVD SUITE 580

PALM BEACH GARDENS, FL 33410



03032004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0627986 Applied For Not Applicable

5. Certificate of Status Desired

X \$8.75 Additional Fee Required

Daytime Phone #

Date

6. Name and Address of Current Registered Agent

DARYL CRAMER AND ASSOC., P.A. 3801 PGA BLVD STE 508 PALM BEACH GARDENS, FL 33410

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and tide	if applicable (NOTE Registered	Agent signatur	e required when rainstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campai Trust Fund Contr			cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			<u> </u>	
TITLE Name Street address City-St-Zip	PTD MYERS, WILLIAM P 105 WEST BEAVER CREEK UNITS 9 RICHMOND HILL ONT, CN 14b 1c6	& 10			promedicad - re	
TITLE Name Street Address City-S1-Zip	VSD LUCCHESE, FABRIZIO 105 WEST BEAVER CREEK UNITS 9 RICHMOND HILL ONT, CN 146 1c6	& 10			###1496640475 \$\$\disperts(0)43\ki48\ki48\ki88\ki78	
TITLE Name Street address City-St-Zip				DO	NOT WRITE	
TITLE Name Street address City-St-Zip				IN .	THIS SPACE	
title Vame Street Address City-St-Zip		;				
NILE VAME STREET ADDRESS CITY-SI-ZIP						

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.

SIGNING OFFICER OR DIRECTOR

MARCH 3/04