


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90232 021 \*\*\*158.75

<b>DOCUMENT # P98000081678</b>	
1. Entity Name <b>PARADISE CAY GENERAL PARTNER, INC.</b>	

Principal Place of Business <b>DARYL CRAMER AND ASSOC., P.A. 3801 PGA BLVD SUITE 508 PALM BEACH GARDENS, FL 33410-2758</b>	Mailing Address <b>DARYL CRAMER AND ASSOC., P.A. 3801 PGA BLVD SUITE 508 PALM BEACH GARDENS, FL 33410-2758</b>
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**14008405**

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.</b>	Suite, Apt. #, etc. <b>310 Suite 310</b>



03112005 Chg-P CR2E034 (10/03)

City & State <b>West Palm Beach, FL</b>	City & State <b>West Palm Beach, FL</b>
Zip <b>33401</b>	Country <b>USA</b>

4. FEI Number <b>65-0880726</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DARYL CRAMER AND ASSOC., P.A. 3801 PGA BLVD STE 508 PALM BEACH GARDENS, FL 33410</b>	
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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> <b>FL</b> 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 	<b>Harris Cramer LLP by Daryl Cramer &amp; Associates, P.A., Partner by Daryl B. Cramer, President</b> DATE <b>4/26/05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MYERS, WILLIAM P 105 WEST BEAVER CREEK UNITS 9 & 10 RICHMOND HILL ONT, CN I4b 1c6 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LUCCHESI, FABRIZIO 105 WEST BEAVER CREEK UNITS 9 & 10 RICHMOND HILL ONT, CN I4b 1c6 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.	
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SIGNATURE: 	APR 15 2005 905-882-1212 Date Daytime Phone #
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