

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90014 017 \*\*\*158.75

**DOCUMENT # P98000081678**

1. Entity Name  
**PARADISE CAY GENERAL PARTNER, INC.**



Principal Place of Business  
**C/O HARRIS CRAMER LLP  
31555 PALM BEACH LAKES BLVD, SUITE 310  
WEST PALM BEACH, FL 33401**

Mailing Address  
**C/O HARRIS CRAMER LLP  
31555 PALM BEACH LAKES BLVD, SUITE 310  
WEST PALM BEACH, FL 33401**

40043100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0880726**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAMER, HARRIS LLP  
31555 PALM BEACH LAKES BLVD, SUITE 310  
WEST PALM BEACH, FL 33401**

Name  
**Harris Cramer LLP**

Street Address (P.O. Box Number is Not Acceptable)  
**1555 Palm Beach Lakes Boulevard  
Suite 310**

City  
**West Palm Beach**

FL Zip Code  
**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**

SIGNATURE

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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  
**VSD  
MYERS, WILLIAM P  
105 WEST BEAVER CREEK UNITS 9 & 10  
RICHMOND HILL ONT, CN M4b 1c6** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
LUCCHESI, FABRIZIO  
105 WEST BEAVER CREEK UNITS 9 & 10  
RICHMOND HILL ONT, CN M4b 1c6** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Fabrizio Lucchese**

Date

**2/22/06 905-882-1212**

Daytime Phone #