

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90057 009 ****55.00

11/27/2003

DOCUMENT # L00000005461

1. Entity Name

VISTA HERMOSA VENTURES LLC



Principal Place of Business

Mailing Address

**C/O MARGULIES AND RONES PA
16105 NE 18 AVENUE
NORTH MIAMI BEACH FL 33162**

**C/O MARGULIES AND RONES PA
16105 NE 18 AVENUE
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1094731**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RONES, VICTOR K ESQ
C/O MARGULIES AND RONES PA
16105 NE 18 AVENUE
NORTH MIAMI BEACH FL 33162**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGR WOLDENBERG, ROBERTO S**
STREET ADDRESS **450 PARK AVENUE, STE. 2100**
CITY-ST-ZIP **NEW YORK NY 10025**

TITLE Change Addition
NAME **MGR WOLDENBERG, ROBERTO S**
STREET ADDRESS **535 WEST 110TH ST. APT. 11F**
CITY-ST-ZIP **NEW YORK, NY 10025**

TITLE Delete
NAME **MGR WOLDENBERG, JORGE**
STREET ADDRESS **20801 BISCAYNE BLVD., STE. 302**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/1/2003

212-317-1564

CR2E083 (10/02)