


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90074 041 ****50.00

DOCUMENT # L04000011761

1. Entity Name
ADLER VISTA, LLC



Principal Place of Business
**6827 VISTA PARKWAY NORTH
 WEST PALM BEACH, FL 33411**

Mailing Address
**6827 VISTA PARKWAY NORTH
 WEST PALM BEACH, FL 33411**

2. Principal Place of Business
7700 CONGRESS AVE.

3. Mailing Address
7700 CONGRESS AVE.

Suite, Apt. #, etc.
1121


City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33487

Country
USA

20014810



02162005 Chg-LLC CR2E083 (10/03)

4. FEI Number
57-1200695

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ADLER, STEVEN
 6827 VISTA PARKWAY NORTH
 WEST PALM BEACH, FL 33411**

7. Name and Address of New Registered Agent

Name
ADLER, STEVEN

Street Address (P.O. Box Number is Not Acceptable)
7700 CONGRESS AVE

SUITE 1121

City
BOCA RATON

FL Zip Code
33487

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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

11. 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 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: Steven Adler **2/16/05** **561-994-6307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #