


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # L04000011761
 1. Entity Name
ADLER VISTA, LLC



Principal Place of Business Mailing Address
7700 CONGRASS AVE ATE 1121 **7700 CONGRASS AVE ATE 1121**
BOCA RATON, FL 33487 **BOCA RATON, FL 33487**

DO NOT WRITE IN THIS SPACE



03312007No Chg-LLC CR2E083 (11/05)

4. FEI Number 57-1200695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ADLER, STEVEN
7700 CONGRESS AVE STE 1121
BOCA RATON, FL 33487

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

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADLER, STEVEN 7700 CONGRESS AVE STE 1121 BOCA RATON, FL 33487
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 04/20/07-80090-011 50.00

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11. 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 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: M. Adler 4/9/07 561-994-6307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #