

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 JUN 27 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010612

*2001-2002
Reinstatement*

1. Entity Name
PARADISE VISTA, LLC
(DOC # L00000010612)

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

*2001-
2002*

2. Principal Place of Business
1221 AIRPORT Rd.
Suite, Apt. #, etc.
STE 208
City & State
DESTIN, FL

3. Mailing Address
P.O. Box 1614
Suite, Apt. #, etc.
City & State
PT WALTON BEACH, FL

DO NOT WRITE IN THIS SPACE

Zip
32541
Country
OKALOOSA

Zip
32549
Country
OKALOOSA

4. FEI Number EIN
36-4389771
Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DAVID OWEN
Street Address (P.O. Box Number is Not Acceptable)
1221 AIRPORT ROAD
City
DESTIN, FL FL Zip Code
32541

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.

SIGNATURE David A Owen mgr
Signature, typed or printed name of registered agent and title if applicable DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
HC. TIEMEYER III MGR
3013 ADIRONDACK DR. N.E.
CEDAR RAPIDS, IA 52402

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600006110816
-07/01/02--01001--02
***200.00 ***200.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PATTI F. TIEMEYER MGR
3013 ADIRONDACK DR. NE
CEDAR RAPIDS, IA 52402

TITLE
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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 Patti Tiemeyer 4-30-02 319-364-2761
SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CREATED BY 7
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