2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

Ecclestone,

SIGNATURE:

Member

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

DOCUMENT # L00000013895

1. Entity Name BLUE VISTAS, L.L.C.



Principal Place of Business

1555 PALM BEACH LAKES BLVD STE 1100

WEST PALM BEACH, FL 33401

Mailing Address

1555 PALM BEACH LAKES BLVD STE 1100

WEST PALM BEACH, FL 33401

FILED Apr 12, 2004 8:00 am Secretary of State

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02062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1085698 Applied For Not Applicable

5. Certificate of Status Desired

A

4/1/04 561/686-2900

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ECCLESTONE, E. LLWYD JR. 1555 PALM BEACH LAKES BOULEVARD SUITE 1100 WEST PALM BEACH, FL 33401

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
Filing Fee is \$50.00 Due by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	ECCLESTONE, E L TRUSTEE	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD #1100	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
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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 of trusted empowered execute this report as required by Chapter 608, Florida Statutes.