# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 04, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # L01000015805

1. Entity Name:
VISTA INVESTMENTS ENTERPRISE, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 6119 W. IRLO BRONSON MEM. HWY<br>KISSIMMEE, FL 34747 | 6119 W. IRLO BRONSON MEM. HWY<br>KISSIMMEE, FL 34747 |

DO NOT WRITE IN THIS SPACE

05022005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3743273
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JAVAID, TARIQ
8725 WITTEN WOOD COVE
ORLANDO, FL 32836

DO NOT WRITE IN THIS SPACE

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 September 7, 2005**

U00000362948
05/05/05-80138-013 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | JAVAID, TARIQ |
| STREET ADDRESS | 6119 W. IRLO BRONSON MEM. HWY |
| CITY-ST-ZIP | KISSIMMEE, FL 34747 |
| TITLE | MGRM |
| NAME | JAVAID, FAIZA |
| STREET ADDRESS | 6119 W. IRLO BRONSON MEM. HWY |
| CITY-ST-ZIP | KISSIMMEE, FL 34747 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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:** Tariq Javaid TARIQ JAVAID 05/01/05 407-493-2019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #