2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2004
Secretary of State

DOCUMENT# L02000004179

Entity Name: LAVISTA HOMES, LLC

Current Principal Place of Business:

26418 80TH DR E
MYAKKA CITY, FL 34251

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 20964
BRADENTON, FL 34204

New Mailing Address:

FEI Number: 33-0994927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRANGALI, MICHAEL
9406 HAWKSMOOR LN
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: TRINGALI, MICHAEL
Address: 9406 HAWKSMOOR LANE
City-St-Zip: SARASOTA, FL 34238

Title: S ( ) Delete
Name: TRINGALI, MICHAEL
Address: 9406 HAWKSMOOR LN
City-St-Zip: SARASOTA, FL 34238

Title: T ( ) Delete
Name: TRINGALI, MARIA
Address: 9406 HAWKSMOOR LN
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: TRINGALI, MICHAEL
Address: 9406 HAWKSMOOR LN
City-St-Zip: SARASOTA, FL 34238

Title: MGRM (X) Change ( ) Addition
Name: TRINGALI, MARIA
Address: 9406 HAWKSMOOR LN
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL TRINGALI MGR 01/25/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date