2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000016466

1. Entity Name
VISTA MARINE, LLC

Principal Place of Business	Mailing Address
C/O JOHN S. SIMONI 174 COCONUT PALM ROAD BOCA RATON, FL 33432	C/O JOHN S. SIMONI 174 COCONUT PALM ROAD BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

01102006No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
56-2311989		Not Applicant

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

6. Name and Address of Current Registered Agent

COHEN, EDWARD B
54 SW BOCA RATON BLVD.
BOCA RATON, FL 33432

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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 acce; 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, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SIMONI, JOHN S
STREET ADDRESS	174 COCONUT PALM ROAD
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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: _John S Simoni_   1/12/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #