## 2005 LIMITED LIABILITY COMPANY

STREET ADDRESS

**FILED** Apr 26, 2005 08:00 AM ıte

| ANNUAL REPORT   |  |  |  | Secretary of Sta  |                                       |  |
|---|--|--|--|---|---------------------------------------|--|
| DOCUMENT # L02000024616  1. Enlity Name CONTRACTORS BUSINESS PARK VISTA CENTER, LLC                         |  |  |  |   | oury or su                            |  |
| 1350 E NEW  | ce of Business<br>VPORT CENTER DR, STE 206<br>BEACH, FL 33442                                | Mailing Address 1350 E NEWPORT CEN DEERFIELD BEACH, FL |  | t indeljjen och någlike (kall) brijl) krell) krell) krell | Nasi ribin disar isar ribinan si iban |  |
|   | O NOT WRIT   | E IN THIS S  | SPACE  | 03152005 No Chg-LLC C                                     | R2E083 (10/03)                        |  |
|   |  | Take Land  |  | 02-0646653  5. Certificate of Status Desired              | Not Applicable                        |  |
|   | 6. Name and Address of Curre   | it Registered Agent                                    | <del></del>  |   |                                       |  |
| KAY LAW OFFICES ATTN: JAMES R. KAY, ESQ. 700 VILLAGE SQUARE CROSSING, STE 102B PALM BEACH GARDENS, FL 33410 |  |  |  | DO NOT WRI  |                                       |  |
|   |  | - TA   |  |   |                                       |  |
| 8. The above<br>the obligat   | named entity submits this statement<br>tions of registered agent.                            | for the purpose of changing its                        | registered office or register  | ered agent, or both, in the State of Florida.             | am familiar with, and accept          |  |
| SIGNATURE.  | Signature, typed or printed name of registered age   | ni and bije if applicable. (NOT                        | E. Regislered Agent signature require  | d when reinstating) D                                     | ATE.                                  |  |
| Fi<br>Di  | iling Fee is \$50.00<br>ue by May 1, 2005  |  | in the second of |   |                                       |  |
| 9.  | MANAGING MEMI  | BERS/MANAGERS -  |  |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-SI-ZIP  | MGR<br>  FLATAUR VISTA CENTER, LT<br>  1350 EAST NÉWPORT CENTE<br>  DEERFIELD BEACH, FL 3344 | ER DRIVE, SUITE 206                                    |  | .V00000333  | 167                                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |  | 04/26705-800  | 1167<br>186-016 55.00                 |  |
| TITLE<br>NAME<br>STREET ADDRESS   |  |  |  | DO NOT WRI  | TF                                    |  |
| TITLE NAME STREET ADDRESS   |  | <u> </u>   |  | IN THIS SPACE   |                                       |  |
| CITY-SY-ZIP<br>TITLE<br>NAME  |  | <u></u>  |  | •   |                                       |  |
| STREET ADDRESS CITY-ST-ZIP TITLE  |  | <del> </del>   | <del></del>  |   |                                       |  |
| MARIE   | ł  |  | •  |   |                                       |  |

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 cath, 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.

Linda G. Kassof

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

04/22/2005

Daytime Phone #